Guidelines on infection prevention and control for acupuncture and related practices

January 2022

Summary

This Chinese Medicine Board of Australia (the Board) sets out its infection prevention and control requirements and expectations for registered Chinese medicine practitioners who practise acupuncture and related practices in these *Guidelines on infection prevention and control for acupuncture and related practices* (the infection guidelines).

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. The risk of infection varies with the practices applied, the practice style and the practice environment.

The acupuncture-related practices covered by these infection guidelines include:

- insertion of acupuncture needles
- moxibustion
- cupping
- laser acupuncture
- gua sha
- dermal hammering.

Chinese medicine practitioners should also be familiar with the Board's Professional capabilities for Chinese medicine practitioners which describe the knowledge, skills and professional attributes needed to safely and competently practise as a registered acupuncturist.

As a minimum all registered practitioners are expected to follow 'standard precautions' in their practice, as set out in the Australian Government's Australian Guidelines for Infection Prevention and Control in Healthcare (2019) (Australian Guidelines). Standard precautions encompass the following:

- use of personal protective equipment, including gloves, face masks and face shields
- hand hygiene
- safe use and disposal of sharps
- aseptic technique, including skin preparation prior to skin penetration in acupuncture practice
- routine environmental cleaning
- reprocessing of reusable medical instruments and equipment
- the appropriate handling of linen
- respiratory hygiene and cough etiquette
- waste management
- use of personal protective equipment.

The practice of a registered practitioner might also include such activities as consultations in the patient's home in which case these standard precautions also apply.

For ease of reference, relevant guidance and recommendations from the Australian Guidelines have been republished in these infection guidelines, with references provided to further important material.

In the electronic form of these infection guidelines a reader can easily access the hyperlinked source references.

These infection guidelines take account of and draw from three key sources:

- the guidance and recommendations set out in the Australian Guidelines
- the Board's own risk assessment of the practice of acupuncture and related practices undertaken in 2018, and

- state and territory laws, regulations and guidelines relevant to acupuncture infection prevention and control, such as regulations governing skin penetration, clinical waste management and disposal and workplace health and safety.

Australian guidelines for infection prevention and control in healthcare

In 2019, the Australian Government published updated national guidelines for infection prevention and control, *Australian guidelines for the prevention and control of infection in healthcare* (Australian Guidelines). These Australian Guidelines provide evidence-based recommendations covering the critical aspects of infection prevention and control, for use by all people working in healthcare including healthcare workers, management and support staff.[1]

The Australian Guidelines recommend that all healthcare workers apply a risk management approach to identify infection risks related to their practice and to implement precautions that are proportionate to those risks.

The standards and recommendations set out in the Australian Guidelines have informed the framing of these infection guidelines and are referenced extensively throughout this document.

Other relevant Australian standards and guidelines

Australian standards and guidelines referred to in these infection guidelines include:

- ACSQHC (2019) *National hand hygiene initiative manual.* Updated September 2020 (the NHHI manual)
- Australasian Health Infrastructure Alliance (AHIA) (2015). *Australasian health facility guidelines part D – infection prevention and control*. Updated November 2020
- Australian Government, Department of Health. *Australian immunisation handbook*
- Standards Australia publications.

CMBA risk assessment

In 2018, the Board undertook research to better understand the risk profile of Chinese medicine practice in Australia. The resulting report, *Contributing to risk-based Chinese medicine regulation* is published on the Board's website. This report documents the results of a literature review of the evidence of both Australian and international risks associated with the practice of Chinese medicine, including those associated with acupuncture and related practices.

Most acupuncture practice takes place in office-based settings, although some registered practitioners may be practising in hospitals and other health facilities. The Board has considered the findings of the report and the context of practice in Australia in framing these infection guidelines.

State and territory legislation

State and territory governments have enacted regulations or other requirements that apply to or affect the practice of acupuncture. These relate principally to three areas: skin penetration, waste management and workplace health and safety. Where an inconsistency arises between a requirement set out in this Guideline and a requirement of a state or territory law, the relevant state or territory requirement takes precedence.

A list of relevant local, state and territory regulatory regulations and guidelines relevant to acupuncture practice is included in Appendices A to C of these infection guidelines.

While the information is up to date at the time of publication of these infection guidelines, practitioners must be alert that state and territory requirements are subject to change from time to time. Every registered practitioner is expected to familiarise themselves with the relevant state, territory and local government requirements that apply at their place or places of practice and to maintain their knowledge and practice up to date in accordance with any changes in local regulatory requirements.

[1] The *Australian guidelines for the prevention and control of infection in healthcare* (2019) were produced by the National Health and Medical Research Council (NHMRC) in collaboration with the Australian Commission on Safety and Quality in Health Care (ACSQHC). The guidelines were first published in 2010.

Practitioners need to be aware of public health orders and directives by state, territory and Commonwealth governments related to responding to pandemics, epidemic or other emergency situations.

Who needs to use these infection guidelines?

All registered Chinese medicine practitioners who use acupuncture and/or related practices in their practice are expected to be familiar with and to comply with these infection guidelines as well as any requirements set out in relevant state, territory and local government regulations which apply to their places of practice.

A copy of these infection guidelines, in either printed or electronic form, must be on all premises where acupuncture is practised by registered Chinese medicine practitioners.

How will the Board use these infection guidelines?

Section 41 of the National Law states that a registration standard (approved by the COAG Health Council) or a code or guideline approved by the Board is admissible in proceedings under this Law, or a law of a co-regulatory jurisdiction. Guidelines can be used as evidence of what constitutes appropriate professional conduct or practice for the profession.

These infection guidelines will be used to assist the Board in its role to protect the public by setting and maintaining standards of Chinese medicine practice. Any person can make a notification (complaint) about a registered health practitioner. These infection guidelines will assist the Board to decide if any regulatory action is needed to manage risk to patients and maintain public safety, when deciding how to deal with a notification about acupuncture practice.

If the professional conduct of a registered acupuncturist varies significantly from the Board's expectations set out in these infection guidelines the practitioner should be prepared to explain and justify their decisions and actions. Serious or repeated failure to comply with the Board's expectations as set out in these infection guidelines may constitute behaviour for which health, conduct or performance action may be taken.

In addition, all registered acupuncturists are expected to maintain and enhance their competence in acupuncture practice. The Board's Continuing professional development registration standard states that continuing professional development (CPD) must contribute directly to improving competence and keeping up to date in the practitioner's chosen scope and setting of practice.

Contents

1. Basics of infection prevention and control

Healthcare associated infections (HAIs) are infections acquired as a direct or indirect result of healthcare (2019: 14). The *Australian Guidelines for the Prevention and Control of Infection in Healthcare 2019* (the Australian Guidelines) state:

> 'Infection prevention and control is everybody's business... Understanding the modes of transmission of infectious organisms and knowing how and when to apply the basic principles of infection prevention and control is critical to the success of an infection control program. This responsibility applies to everybody working in and visiting a healthcare facility, including administrators, staff, patients and carers' (2019: 10)

Section 2 of the Australian Guidelines presents background information on the basics of infection prevention and control in all healthcare settings. It covers the important basics of infection prevention and control, such as:

- the main modes of transmission of infectious agents
- the application of risk-management principles to prevent and control infection
- the recommended two-tiered approach of standard and transmission-based precautions, and
- the importance of involving patients and their carers in infection prevention and control.

What the Board expects:

The Board expects all acupuncture clinic staff (administrators, practitioners and support staff) to be competent and skilled in infection prevention and control procedures as set out in Section 2 of the Australian Guidelines (2019: 14-27).

Registered practitioners are responsible for ensuring that all staff under their direction are familiar with the basics of infection prevention and control. This can be achieved as part of orientation of new staff, via continuing professional development or at annual performance review.

2. Standard precautions

All people potentially harbour infectious agents. The Australian Guidelines refer to 'standard precautions' as 'those work practices that are applied to everyone, regardless of their perceived or confirmed infectious status and ensure a basic level of infection prevention and control' (2019: 18).

Standard precautions (2019: 28-96) consist of:

- hand hygiene
- aseptic technique
- appropriate use of personal protective equipment
- safe handling and disposal of sharps
- routine environmental cleaning
- reprocessing of reusable medical equipment and instruments
- respiratory hygiene and cough etiquette
- appropriate handling of waste
- handling of linen

Standard precautions are used by healthcare workers to prevent or reduce the likelihood of transmission of infectious agents from one person or place to another, and to render and maintain objects and areas as free as possible from infectious agents (2019: 18) to prevent cross-contamination and disease. Standard precautions should be used in the handling of blood (including dried blood); all other body substances, secretions and excretions (excluding sweat), regardless of whether they contain visible blood; non-intact skin; and mucous membranes (2019: 28). The Australian Guidelines (2019: 29) state that it is essential that standard precautions be applied at all times because:

- people may be placed at risk of infection from others who carry infectious agents
- people may be infectious before signs or symptoms of disease are recognised or detected, or before laboratory tests are confirmed in time to contribute to care
- people may be at risk from infectious agents present in the surrounding environment including environmental surfaces or from equipment

- there may be an increased risk of transmission associated with specific procedures and practices.

What the Board expects:

The Board expects all registered practitioners to apply standard precautions at all times during acupuncture practice, to minimise the risk of infection to the patient and to the healthcare worker.

Further detail of the Board's expectations concerning standard precautions is provided below, with references to further detail in the Australian Guidelines.

2.1 Hand hygiene

Effective hand hygiene is the single most important strategy to prevent healthcare associated infections (2019: 24).

The ACSQHC National Hand Hygiene Initiative[2] has adopted the World Health Organization's '5 moments for hand hygiene', that is, hand hygiene should be performed:

- before touching a patient
- before a procedure
- after a procedure or body fluid exposure risk
- after touching a patient
- after touching a patient's surroundings[3].

Good hand hygiene:

- protects patients against acquiring infectious agents from the hands of the healthcare worker
- helps to protect patients from infectious agents (including their own) entering their bodies during procedures
- protects healthcare workers and the healthcare surroundings from acquiring patients' infectious agents (2019: 31).

Both soap and alcohol-based hand rub products are necessary for effective hand hygiene: a soap and water wash is required if hands are visibly soiled, and either soap and water or an alcohol-based hand rub can be used if hands are visibly clean.

However, hand hygiene practices alone are not sufficient to prevent and control infection and need to be used as part of a multifactorial approach to infection prevention and control (2019: 30).

Additional situations when hand hygiene is required are set out in Table 1 below (2019: 32). Some situations apply to a hospital setting.

TABLE 1: Additional situations when hand hygiene should be performed	
Before	**After**
• Starting/leaving work • Eating/handling of food/drinks • Using computer keyboard, tablet or mobile device in a clinical area • Putting on gloves	• Hands becoming visibly soiled • Eating/handling of food/drinks • Visiting the toilet • Using a computer keyboard, tablet or mobile device in a clinical area • Being in patient-care areas • Removing gloves • Handling laundry/equipment/waste • Blowing/wiping/touching nose and mouth • Smoking
Before touching a patient	After touching a patient
• Contact with patients, particularly immunocompromised patients	• After touching a patient, particularly patients being cared for in isolation or having

[2] The National Hand Hygiene Initiative (NHHI) is operated by the Australian Commission on Safety and Quality in Health Care. Insert hyperlink: https://www.safetyandquality.gov.au/our-work/infection-prevention-and-control/national-hand-hygiene-initiative

[3] World Health Organization's 5 moments for hand hygiene: https://www.who.int/gpsc/tools/Five_moments/en/

	transmission-based precautions applied due to the potential for spread of infection to others
	After touching a patient's surroundings
	• Entering/leaving clinical areas • Touching inanimate objects (e.g. equipment, items around the patient) and the patient environment, particularly if within an isolation room or where transmission-based precautions are applied • Blood/body substance contamination

Source: Australian Guidelines (2019: 32 Table 2)

What the Board expects:

The Board expects all registered practitioners to perform hand hygiene, using soap and water, or an alcohol-based hand rub:

- before touching a patient
- before a procedure
- after a procedure or body substance exposure risk
- after touching a patient
- after touching a patient's surroundings, and
- before putting on and after the removal of gloves (2019: 30).

The Board expects all registered practitioners to also perform hand hygiene in the additional situations listed in Table 1.

Use of alcohol-based hand rubs

The NHHI Manual advises that alcohol-based hand rub is the gold standard of care for hand hygiene practice in healthcare settings, whereas hand washing is reserved for situations when the hands are visibly soiled, or when caring for a patient with Clostridioides difficile or a nonenveloped virus (for example, norovirus) (NHHI Manual 2019: 25).

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
- require less time than handwashing
- are gentler on skin and cause less skin irritation and dryness than frequent soap and water washes, since all hand rubs contain skin emollient (moisturisers)
- can be made readily accessible to healthcare workers
- are more cost effective (NHHI Manual 2019: 24).

Alcohol-based hand rub is the hand hygiene product of choice for all standard aseptic technique procedures.

Correct technique for use of alcohol-based hand rub requires the following steps:

- apply the amount of alcohol-based hand rub recommended by the manufacturer onto dry hands
- rub hands together so that the solution comes into contact with all surfaces of the hand, paying particular attention to the tips of the fingers, the thumbs and the areas between the fingers
- continue rubbing until the solution has evaporated and the hands are dry (2019: 38).

For further advice on the correct technique when using an alcohol-based hand rub, see: www.who.int/gpsc/5may/How_To_HandRub_Poster.pdf

The Australian Guidelines advise of some of the risks associated with use of alcohol-based hand rubs:

> 'Alcohols are flammable, and healthcare workers handling alcohol-based preparations should respect safety standards. Accidental and intentional ingestion and dermal absorption of alcohol-

based products used for hand hygiene have also been reported. The risk of these issues can be mitigated by appropriate placement of dispensers within the facility' (2019: 39).

Lighting of moxa or swabs for cupping procedures should be done well away from alcohol swabs and other alcohol products.

Further information on how to choose an alcohol-based hand rub is available from:

- Australian Guidelines (2019: 38, 40-43).
- NHHI Manual (2019: 25-29)

The NHHI Manual also provides information on fire safety and storage as well as audit tools to assist with compliance auditing for hand hygiene (2019: 24-41).

What the Board expects:

The Board expects all registered practitioners to use the correct technique when using an alcohol-based hand rub.

The Board expects that any alcohol-based hand rub used for routine hand hygiene will contain between 60% and 80% v/v ethanol or equivalent and meet the requirements of European Standard EN 1500 for bactericidal effect (the mandatory requirement set by Australia's Therapeutic Goods Administration regarding testing standards for bactericidal effect).

The Board expects that alcohol-based hand rubs:

- will be readily available in all work areas and near patients
- will be used in accordance with the manufacturer's instructions
- will be stored and used away from heat and naked flames
- when used, no tasks will be attempted until the hands are completely dry, including for procedures that involve exposure to a naked flame such as moxibustion or cupping. If practical, use of soap and water should be considered where there is a fire safety risk.

Washing with soap and water

Hand washing refers to the appropriate use of a non-antimicrobial soap and water to the surface of the hands (2019: 44). The Australian Guidelines and the NHHI Manual[4] provide guidance on the importance of handwashing, including handwashing technique and products.

Effective hand hygiene relies on appropriate technique as much as on selection of the correct product. Inappropriate technique can lead to failure of hand hygiene measures to appropriately remove or kill microorganisms on hands, despite the superficial appearance of having complied with hand hygiene requirements (2019: 39; 44):

- Plain soaps act by mechanical removal of microorganisms and have no antimicrobial activity. They are sufficient for general social contact and are required for cleansing of visibly soiled hands. They are also used for mechanical removal of certain organisms such as *Clostridiodes difficile* and norovirus.
- Antimicrobial soaps are used to decontaminate hands however, when alcohol-based hand rub is available in the healthcare facility for hygienic hand antisepsis, the use of antimicrobial soap is not recommended.
- Antimicrobial soap is associated with skin care issues and it is not necessary for use in everyday clinical practice.

The Australian Guidelines (2019: 44) list key factors in effective hand hygiene and maintaining skin integrity for both washing with soap and water or using alcohol-based hand rubs:

- the duration of hand hygiene measures
- the exposure of all surfaces of hands and wrists to the preparation used
- the use of rubbing to create friction
- ensuring that hands are completely dried.

The Australian Guidelines (2019: 44) advise on the correct technique for using soap (including antimicrobial soap) and water:

[4] Insert hyperlink: https://www.safetyandquality.gov.au/sites/default/files/2020-05/nhhi_user_manual.pdf

- Wet hands under tepid running water and apply the recommended amount of liquid soap.
- Rub hands together for a minimum of 20 seconds so that the solution comes into contact with all surfaces of the hand, paying particular attention to the tips of the fingers, the thumbs and the areas between the fingers.
- Rinse hands thoroughly under running water, then pat dry with single-use towels.

For further information on correct technique for using soap and water, see also: www.who.int/gpsc/5may/How_To_HandWash_Poster.pdf

What the Board expects:

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 Board expects all practitioners to follow public health guidance issued by state and territory departments concerning the need for routine handwashing.

Cuts, abrasions and other skin conditions

The Australian Guidelines advise that intact skin is a natural defence against infection and that:

- cuts and abrasions reduce the effectiveness of hand hygiene practices
- breaks or lesions of the skin are possible sources of entry for infectious agents and may also be a source of infection for others
- the presence of fingernail disease may reduce the efficacy of hand hygiene and result in the transmission of pathogens (2019: 33).

The Australian Guidelines provide advice on hand care (2019: 33-34), noting that alcohol-based rubs can cause significantly less skin reaction or irritation than hand hygiene with plain or antiseptic soaps (2019: 34).

The NHHI Manual advises that frequent and repeated use of hand hygiene products (soaps, other detergents, and paper towel use) may result in skin drying and lead to irritant contact dermatitis (2019: 36). Ongoing use of emollient-containing alcohol-based hand rub can improve this condition. Also, the use of an oil-containing lotion or a barrier cream three times a shift can substantially protect the hands against drying and chemical irritation, preventing skin breakdown (2019: 37).

The NHHI Manual provides further information on hand care practices designed to reduce the risk of the occupational contact dermatitis and other skin damage (2019: 37-39).

What the Board expects:

The Board expects all registered practitioners to adopt good hand care practices to preserve the integrity of the skin and minimise the risk of occupational contact dermatitis and other skin conditions.

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.

Jewellery, watches, fingernails and clothing

The Australian Guidelines advise that finger rings can interfere with the technique used to perform hand hygiene, resulting in higher total bacterial counts. Hand contamination with infectious agents is increased with ring wearing.

> The consensus recommendation is to strongly discourage the wearing of watches, rings or other jewellery during health care; however if jewellery must be worn in clinical areas it should be limited to a plain band (e.g. wedding ring) and this should be moved about on the finger during hand hygiene practices (2019: 33).

The Australian Guidelines advise that the type and length of fingernails can have an impact on the effectiveness of hand hygiene:

> Artificial or false nails have been associated with higher levels of infectious agents. Studies have also demonstrated that chipped nail polish may support the growth of organisms on the fingernails. It is good practice to not wear nail polish, particularly as chipped nail polish may support the growth of organisms on the fingernail (2019: 33).

The Australian Guidelines encourage health care workers to wear short-sleeved clothing when delivering patient care, as this ensures their hands can be decontaminated effectively:

> This concept is known as 'bare below the elbow'. When not engaged in patient care, some staff members may wish to cover their forearms due to religious, cultural or safety reasons. These staff must ensure they are wearing clothing with sleeves which can be pushed back securely when they are engaged in direct patient care activity (2019: 33).

The Australian Guidelines advise that where possible, the wearing of lanyards and neckties should be avoided as evidence indicates these pieces of clothes may facilitate transmission of infection (2019: 35).

The NHHI Manual provides further information on the infection control risks associated with jewellery, watches, fingernails and clothing (2019: 12).

What the Board expects:

The Board expects all registered practitioners to:

- keep fingernails short (the length of a finger pad or less than 0.5 cm) and clean
- refrain from wearing jewellery, artificial fingernails or nail polish when practising acupuncture, since these can reduce the effectiveness of hand hygiene
- wear short-sleeved clothing when practising acupuncture, to ensure their hands can be effectively decontaminated, and to avoid wearing lanyards or neckties
- tie back long hair.

Hand hygiene facilities

Ease of access to handwashing facilities (soap and water) and alcohol-based rubs can influence the transmission of healthcare acquired infections (2019: 29).

What the Board expects:

The Board expects that every acupuncture clinic will have:

- at least one hands-free sink which is dedicated for handwashing and not used for other purposes, such as the reprocessing of equipment or food preparation[5],and
- either a hands-free sink or alcohol-based hand hygiene station located close to every acupuncture treatment area and readily accessible.

The Board expects that liquid soap and alcohol-based rub dispensers will never be topped up or refilled, since this increases the risk of bacterial contamination and makes hand hygiene ineffective.

Patient involvement in hand hygiene

The Australian Guidelines emphasise the importance of involving patients in hand hygiene and provide advice on how to do this (2019: 36).

What the Board expects:

The Board expects all registered practitioners to educate their patients about the benefits of hand hygiene for infection prevention and control and offer the opportunity for patients to clean their hands when appropriate. Patients should be provided with the option of alcohol-based hand rubs or access to hand wash basins.

Any additional government public health orders or restrictions need to be complied with.

2.2 Use of personal protective equipment

Personal protective equipment (PPE) refers to a variety of barriers, used alone or in combination, to protect mucous membranes, airways, skin and clothing from contact with infectious agents (2019: 120). PPE used as part of standard precautions may include aprons, gowns, gloves, surgical masks, protective eyewear and face shields.

[5] A hands-free sink refers to a sink which can be operated by foot pedals, no-touch sensors or (properly used) elbow-operated controls.

Selection of PPE is based on the type of patient interaction, known or possible infectious agents, and/or the likely mode(s) of transmission (2019: 120).

The Board's view is that direct contact with blood or body substances is unlikely when inserting an acupuncture needle into intact skin. Therefore, gloves and other PPE do not need to be worn if the patient and practitioner both have intact skin and excessive bleeding is not expected. However, some procedures may result in direct blood or body fluid contact therefore may require glove use. These procedures include:

- removing needles from an area which has been pre-treated with heat or massage
- using a dermal hammer
- cupping applied after dermal hammering
- vigorous needle technique
- electro-stimulation applied to acupuncture needles, and
- acupuncture point injection.

In this context, where the practitioner has non-intact skin on their hands, in addition to waterproof dressing which must cover all non-intact skin, use of non-sterile gloves can provide an added layer of protection for both the practitioner and the patient.

In addition, some states and territories require gloves to be used when inserting and/or removing acupuncture needles – see section 6 of this Guideline for more information.

What the Board expects:

The Board expects all registered practitioners to comply with relevant state or territory infection control requirements with respect to the use of gloves.

The Board expects that:

- single-use gloves are used when carrying out procedures that may result in direct blood or body fluid contact
- gloves are not used as an alternative to hand hygiene – hand hygiene will be performed before putting on gloves and after removing gloves
- gloves do not need to be sterile but must be changed after every individual patient contact or if they become damaged or compromised (i.e.torn).
- gloves are disposed of as soon as they are removed, and disposal complies with local policies and standards.

The Board expects that any break in a registered practitioner's skin, such as dermatitis or a small cut, to be adequately covered by a waterproof dressing or a finger cot, as well as gloves.

2.3 Use and management of sharps and other acupuncture instruments and equipment

Categorisation of acupuncture items and requirements for single use or reprocessing

The Australian Guidelines provide a system for categorising instruments and items for patient care as 'critical', 'semi-critical' and 'non- critical', according to the degree of risk for infection involved in their use (2019: 84). This classification is reproduced in Table 2 .

TABLE 2: Categories of items for patient care	
Category	**Description**
Critical	These items confer a high risk for infection if they are contaminated with any microorganism and must be sterile at the time of use. This includes any objects that enter sterile tissue or the vascular system, because any microbial contamination could transmit disease.

Semi-critical	These items come into contact with mucous membranes or non-intact skin, and should be single use or sterilised after each use. If this is not possible, high-level disinfection is the minimum level of reprocessing that is acceptable.
Non-critical	These items come into contact with intact skin but not mucous membranes. Thorough cleaning is sufficient for most non-critical items after each individual use, although either intermediate or low-level disinfection may be appropriate in specific circumstances.

Source: Australian Guidelines (2019: 84 Table 7)

The Board has undertaken a risk assessment of acupuncture practice and classified various acupuncture equipment in accordance with the Australian Guidelines classification. Table 3 lists those acupuncture items classified as 'critical', 'semi-critical' or 'non-critical' (depending on the circumstances of use) and sets out the conditions under which the Board has determined that these items must be 'single use only' or may be re-used if reprocessing requirements are met.

TABLE 3: Classification of acupuncture equipment as 'critical', semi-critical and 'non-critical' – requirements for single use or reprocessing for re-use

Item	Requirements
Acupuncture needles and dermal hammers CRITICAL items, that is, they have been in contact with blood or non-intact skin	• Acupuncture needles and dermal hammers must be single-use only, must be pre-sterilised and disposed of immediately after use in a rigid-walled sharps container which complies with Australian Standards **AS 4031: 1992 AMDT 1;** or **AS/NZS 4261: 1994 AMDT 1**; or relevant international standard for example **ISO 23907: 201**. • Ensure that all sterile equipment is stored in a clean dry environment. Only use sterile equipment: o that is within its expiry date o when the packaging is dry, undamaged and shows no signs of prior exposure to contaminants (dust, vermin, sunlight, water, condensation etc).
Cups, scraping spoons and other equipment SEMI-CRITICAL items, that is, they have been in contact with blood or non-intact skin but have not entered the vascular system or sterile sites/cavities	• Cups (glass or plastic), gua sha tools (such as scraping spoons) and other equipment that has come into contact with blood or non-intact skin are to be treated as semi-critical items. Blood exposure may occur, for example when cups are applied following dermal hammering on the same area. If contaminated, semi-critical items can be reused after being reprocessed consistent with the requirements of the Australian Standards **AS/NZS 4815:2006** for office-based practices and **AS/NZ 4187:2014** for larger health facilities. If reprocessing cannot be undertaken consistent with the requirements of **AS/NZS 4815:2006 or AS/NZ 4187:2014** (whichever is relevant), then these contaminated items must be treated as single use items and be disposed of immediately after use.
Cups, scraping spoons and other equipment – NON-CRITICAL items, that is, they have not been in contact with blood or non-intact skin	• Cups (glass or plastic), gua sha tools (such as scraping spoons) and any other equipment **which has been in contact with intact skin only** are classified as NON-CRITICAL items and may be reprocessed by cleaning and/or disinfecting according to the Australian Guidelines (2019: 84)
Bamboo cups	• Bamboo cups are constructed of a material that is not suitable for cleaning, disinfecting or sterilising in accordance with Australian

	Guidelines. These are single use items and must be discarded after use.

Reprocessing of reusable instruments and equipment

The Australian Guidelines use the term 'reprocessing' to refer to the reuse of instruments and equipment that are reusable (2019: 83). Unless exempt, any medical device that is to be reusable must be 'included' onto the Australian Register of Therapeutic Goods (ARTG) before it may be supplied in Australia. Further information is contained in **Standard AS/NZS 4815: 2006** relevant to office-based healthcare facilities (2019: 83).

The Australian Guidelines provide advice on reprocessing, cleaning methods, cleaning agents, how to check cleaning effectiveness and storage (2019: 83-86).

What the Board expects:

The Board expects all registered practitioners to:

- re-use only those devices that are included as reusable medical devices in the Australian Register of Therapeutic Goods (ARTG)
- reprocess all used clinical equipment according to its classification in the Table 3 and in accordance with its intended use and manufacturer's advice
- be familiar with the relevant Australian Standards which apply to their practice.

The Board expects that single-use medical devices will not be reprocessed.

Safe sharps handling procedures

The use of sharp devices (sharps) exposes healthcare workers to the risk of injury and potential exposure to blood borne infectious agents, including hepatitis B virus, hepatitis C virus and human immunodeficiency virus (HIV) (2019: 48).

The Australian Guidelines (2019: 51) state that all healthcare workers should take precautions to prevent injuries caused by needles and other sharp instruments or devices: during procedures; when cleaning used instruments; when handling sharp instruments after procedures and during disposal of used needles.

Individual actions that can be taken to reduce the risks associated with acupuncture clinic include:

- explain to patients the risks to healthcare workers and others involved in the use and disposal of sharps and the measures taken to reduce these.
- become familiar with facility protocols on handling and disposal of sharps and legislated notifiable incidents.
- before using any sharp medical device, always plan for its safe handling and immediate disposal at the point-of-use.
- make sure every used sharp medical device is disposed of properly in puncture-resistant sharps containers that are of sufficient size and located at the point-of-use.
- report any needlestick or sharps-related injuries promptly as relevant (e.g. to infection control or occupational health and safety professional, management, insurer) and ensure that you receive appropriate follow-up care.
- ensure that you are up to date with all vaccinations recommended by the Australian Immunisation Handbook for people at occupational risk, including for blood-borne viruses such as hepatitis B.[6]
- participate in education sessions and professional development sessions on handling sharps (2019: 52).

In accordance with the *Australasian Health Facility Guidelines* (2016: Part D Section 3.05), all sharps bins should be positioned out of reach of children, at a height that enables safe disposal by all persons handling sharps. Relevant Australian Standards are published at the following website: www.standards.org.au/standards-catalogue/sa-snz/health/he-011

They include:

- Standards Australia, AS 3816 – 2018 Management of Clinical and Related Waste

[6] See the Australian Immunisation Handbook: https://immunisationhandbook.health.gov.au/vaccination-for-special-risk-groups/vaccination-for-people-at-occupational-risk

- Standards Australia, AS 4031 – 1992 Non-reusable containers for the collection of sharp medical items used in health care areas
- Standards Australia, AS 4261 – 1994: Reusable containers for the collection of sharp items used in human and animal medical applications

What the Board expects:

The Board expects every person in an acupuncture clinic who uses a sharp to be responsible for its immediate safe disposal.

The Board expects all registered practitioners and their staff to comply with relevant Australian Standards for safe handling, storage and disposal of sharps including:

- sharps are disposed of immediately into an approved sharps container at the point-of-use
- handling of sharps is kept to a minimum
- unused needles from a pack that has been opened are discarded.

The Board expects that registered practitioners will **not:**

- pass sharps directly from hand to hand
- reinsert acupuncture needles into guide tubes after use
- recap, bend or break needles after use
- recap needles when injection techniques are used
- use packaged sterile devices that are beyond their expiry-by date.

The Board expects that any reusable sharps requiring transport are placed in a puncture-resistant lidded container that complies with Australian Standards and stored safely when awaiting collection.

The Board expects all sharps disposal containers to be:

- clearly labelled, puncture and leak proof and to conform to **Standards AS 4031: 1992 and Amendment 1: 1996** and **AS/NZS 4261: 1994 and Amendment 1: 1997**
- located:
    - close to each patient receiving acupuncture
    - in a secure position or mounted on the wall to prevent tipping (approx. 1300 mm minimum off the ground), at an accessible height for the healthcare worker
    - out of reach of children and others to prevent hands and fingers entering the disposal unit
    - away from general waste bins to minimise the risk of incorrect disposal
- of sufficient size to contain the quantity of needles and filled no further than the mark that indicates the maximum fill level
- disposed of by a waste disposal contractor according to the applicable state, territory or local government regulations.

The Board expects every acupuncture clinic to have a sharps safety program which includes reporting of notifiable incidents in accordance with the relevant state, territory or Commonwealth work health and safety law (see section 6).

Procedure for dealing with a sharps injury from a used sharp

The Australian Guidelines (2019: 54) provide advice on actions to be taken in the event of a sharps injury from a used sharp.

IMPORTANT NOTE: In case of a sharps injury, immediate medical attention is required. For some infectious conditions, prophylactic treatment is begun ideally one to two hours after exposure and is most effective if administered within 24–72 hours of exposure.

The Australian Guidelines (2019: 54) advise that if a sharps injury happens to you, you can be reassured that only a small proportion of accidental exposures result in infection. Taking immediate action will lower the risk even further.

What the Board expects:

The Board expects the following steps to be taken if any person in an acupuncture clinic receives a sharps injury:

- seek medical care immediately
- if skin is penetrated, wash the affected area immediately with soap and water. Alcohol-based handrub can be used to clean the area if soap and water are not available
- do not squeeze the affected area
- report the incident immediately to your supervisor (where relevant)
- ask about follow-up care, including post-exposure prophylaxis, which is most effective if implemented soon after the incident, and
- complete an accident/incident report form, including the date and time of the exposure, how it happened, and name of the source individual (if known)
- ensure that any legal requirements for reporting notifiable incidents are complied with.

2.4 Aseptic technique

The Australian Guidelines describe aseptic technique as a technique used to prevent contamination of key parts and key sites by microorganisms that could cause infection (2019: 91). In aseptic technique, asepsis is ensured by identifying and then protecting key parts and key sites by hand hygiene, non-touch technique, using new sterilised equipment and/or cleaning existing key parts to a standard that renders them aseptic prior to use. An aseptic technique aims to prevent pathogenic organisms, in sufficient quantity to cause infection, from being introduced to susceptible sites by hands, surfaces and equipment (2019: 91).

While effective hand hygiene is an essential component of aseptic technique, hand hygiene is not always correctly performed and even if correctly performed hand hygiene cannot always remove all pathogenic organisms (2019: 92). However, in aseptic technique, 'key parts' and 'key sites' are identified and then protected, by a combination of hand hygiene and non-touch technique, using new sterilized equipment and/or cleaning key parts to a standard that renders them aseptic prior to use. To protect a key part from contamination, the practitioner avoids touching it, even when wearing sterile gloves, as sterile gloves can become contaminated (2019: 92).

Requirements for routine skin preparation

What the Board expects:

The Board expects all registered practitioners to comply with the following:

- Provided the skin is visibly clean and there is otherwise no concern that the skin requires cleaning, it is not necessary to swab the skin with an antiseptic before inserting needles.
- An antiseptic (such as isopropyl alcohol) must be used:
    - if the skin is visibly soiled or has been pre-treated with massage oil or other topical preparations.
    - before treating a potentially immunocompromised patient
    - if needling into a joint space or bursa
    - if a retained needle is to be used (such as an ear stud, press needle or intra-dermal needle)
- If the registered practitioner decides to swab the skin, then the alcohol or other disinfectant must be allowed to dry before the skin is punctured, to reduce discomfort or pain for the patient.
- Cotton wool must never be pre-soaked in isopropyl alcohol in a container – both the cotton wool and container become contaminated with hand and environmental bacteria.

Requirements for post-treatment management

What the Board expects:

The Board expects all registered practitioners to comply with the following:

- Place a clean, dry cotton swab over the site after withdrawal of the needle to control any pinpoint of blood which may be evident, whether or not gloves have been used.
- Dispose of the used swab in accordance with section 2.6 below.

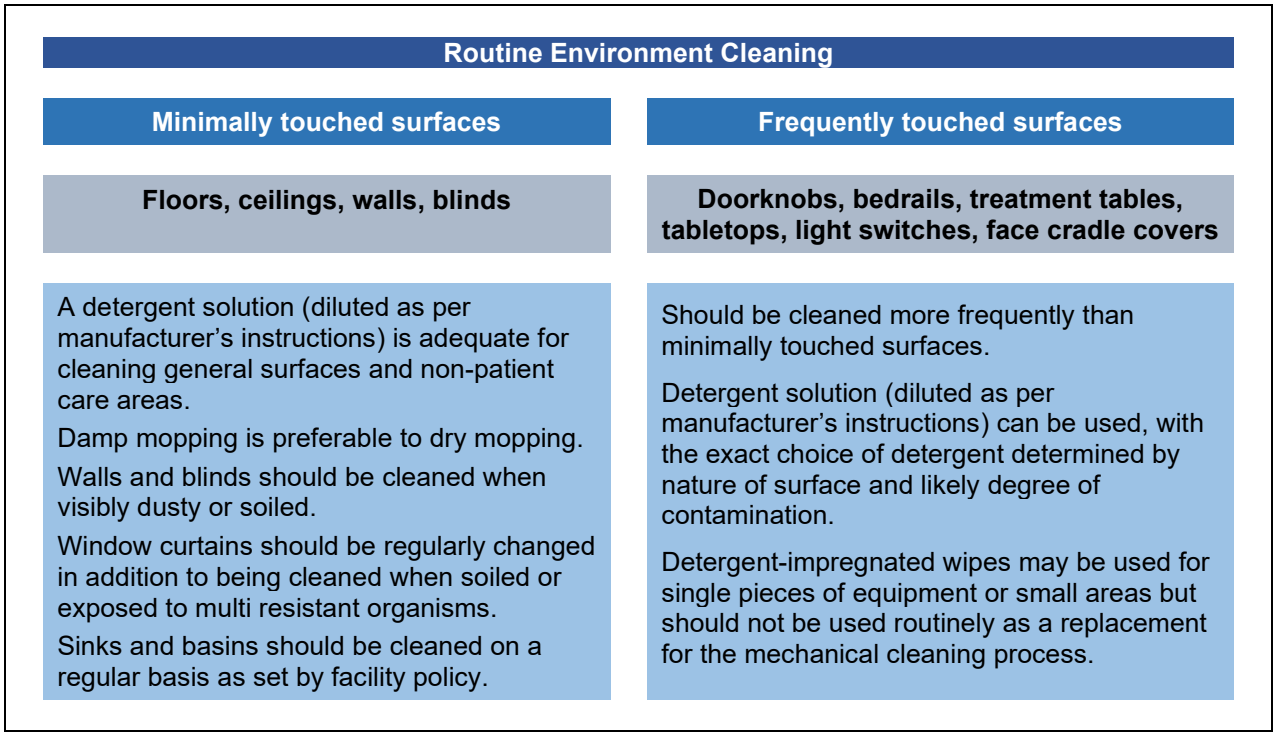
The practitioner should determine whether it is appropriate to apply massage or other techniques to the site which has just received treatment noting the increased risk of infection and bleeding at the site.

2.5 Routine management of the physical environment

The Australian Guidelines advise that infectious agents can be widely found in healthcare settings and evidence suggests an association between poor environmental hygiene and the transmission of infectious agents in healthcare settings (2019: 55).

> Transmission of infectious agents from the environment to patients may occur through direct contact with contaminated equipment, or indirectly, for example... via hands that are in contact with contaminated equipment or the environment and then touch a patient. Environmental surfaces can be safely decontaminated using less rigorous methods than those used on medical instruments and devices. The level of cleaning required depends on the objects involved and the risk of contamination—for example, surfaces that are likely to be contaminated with infectious agents (e.g. shared clinical equipment) require cleaning between patient uses, which is more often than general surfaces and fittings. However, all surfaces require regular cleaning. Thorough cleaning of all surfaces is ne*cessary after spills and between patient uses of a room or patient-care area…* (2019: 55).

The Australian Guidelines provide recommendations for routine cleaning, based on a risk assessment matrix (2019: 55-56). General surfaces and the cleaning requirements for each can be divided into two groups: minimally touched surfaces and frequently touched surfaces.



Source: Australian Guidelines (2019:56) Figure 7: Cleaning requirements for routine environmental cleaning

The Australian Guidelines provide advice on routine cleaning with detergent and water, as well as information on cleaning method, product choice, cleaning schedules, use of disinfectants and use of surface barriers (2019: 57-65). Points of note include:

- Routine cleaning with detergent and water, followed by rinsing and drying, is the most useful method for removing germs from surfaces. Detergents help to loosen the germs so that they can be rinsed away with clean water. Mechanical cleaning (scrubbing the surface) physically reduces the number of germs on the surface. Rinsing with clean water removes the loosened germs and any detergent residues from the surface, and drying the surface makes it harder for germs to survive or grow (2019: 57).
- Sound infection control practice requires prompt removal of spots and spills of blood and body substances followed by cleaning and disinfection of the area contaminated (2019: 66). Spills of blood or other potentially infectious materials should be promptly cleaned as follows:
  - wear gloves and other personal protective equipment appropriate to the task

  - confine and contain spill, clean visible matter with disposable absorbent material and discard the used cleaning materials in the appropriate waste container
  - clean the spill area with a cloth or paper towels using detergent solution. Use of Therapeutic Goods Administration-listed hospital-grade disinfectants with specific claims or a chlorine-based product such as sodium hypochlorite should be based on assessment of risk of transmission of infectious agents from that spill (2019: 66).
- Strategies for decontaminating spills of blood and other body substances (e.g. vomit, urine) differ based on the setting in which they occur and the volume of the spill. Small spills may be managed by cleaning with detergent solution. For spills containing large amounts of blood or other body substances, the spill should be contained and confined by:
  - removing visible organic matter with absorbent material (e.g. disposable paper towels)
  - removing any broken glass or sharp material with forceps
  - soaking up excess liquid using an absorbent clumping agent (e.g. absorbent granules) (2019: 67).
- Alcohol solutions should not be used to clean spillages (2019: 67).
- Disinfectant such as sodium hypochlorite should not be used to clean soft furnishings. If spillage has occurred on soft furnishings, a detergent solution can be used to clean the area thoroughly. Soft furnishings can also be wet vacuumed. Following cleaning of soft furnishings, they must be allowed to dry before reuse (2019: 67).

For more detailed information on recommended routine cleaning frequencies, see Appendix 2 section 6.1 of the Australian Guidelines (2019: 250-56).

For more information on environmental cleaning and product selection, see: https://www.safetyandquality.gov.au/our-work/infection-prevention-and-control/environmental-cleaning-and-infection-prevention-and-control

For more information on standards for surfaces and finishes in health care facilities, see the *Australasian Health Facility Guidelines Part D* (2016: 25-27).

What the Board expects:

The Board expects that flooring in areas which might be contaminated with fluids such as near sinks or treatment tables to be covered with an impervious surface and able to be cleaned effectively. The impervious surface might be a flat plastic mat.

The Board expects practitioners to document and implement a routine cleaning schedule that is suitable for their clinics and to ensure that surfaces within their acupuncture clinic are routinely cleaned as follows:

- frequently touched surfaces are cleaned with detergent solution at least daily, when visibly soiled and after every known contamination
- general surfaces and fittings are cleaned when visibly soiled and immediately after spillage.

The Board expects practitioners to ensure that all spots and spills of blood and body fluids are promptly removed followed by cleaning and disinfection of the contaminated area, in accordance with the Australian Guidelines.

The Board expects all equipment such as computers, portable mobile devices and personal digital assistants used in patient care procedures to be included in routine cleaning procedures as non-critical items.

2.6 Respiratory hygiene and cough etiquette

The Australian Guidelines state that respiratory hygiene and cough etiquette must be applied as a standard infection control precaution at all times (2019: 90).

What the Board expects:

The Board expects any person who works in an acupuncture clinic will not come to work if unwell and/or displaying any symptoms of an infectious disease until the required exclusion period has passed.

The Board expects all registered practitioners to:

- cover their sneezes and coughs to prevent infected persons from dispersing respiratory secretions into the air.
- wash hands with soap and water after coughing, sneezing, using tissues, or after contact with respiratory secretions or objects contaminated by these secretions.
- assist patients who need assistance with containment of respiratory secretions (i.e. to ensure the availability of tissues).

2.7 Waste management

The Australian Guidelines state that healthcare facilities need to conform to relevant state or territory regulatory requirements concerning the management of clinical and related wastes. Healthcare facilities are also advised to refer to **Standard AS/NZS 3816: 2018** and the Waste Management Association of Australia's industry code of practice (WMAA 2014).

Annex B provides further information on the clinical waste management requirements that apply in specific states and territories. These requirements will change from time to time and registered practitioners must keep themselves up to date with any changes.

What the Board expects:

The Board expects all registered practitioners, when handling waste, to:

- comply with relevant state or territory regulatory requirements concerning the management of clinical and related waste and to keep themselves up to date with any changes to these requirements
- apply standard precautions to protect against exposure to blood and body substances during handling of waste, including hand hygiene following waste handling and disposal
- segregate waste at the point of generation
- contain waste in the appropriate receptacle (identified by colour and label) and dispose of according to the facility's waste management plan
- ensure all healthcare workers in the facility are trained in the correct procedures for waste handling
- ensure only licensed contractors are used for collection and transport of the waste and verify that the relevant disposal facility is licensed to treat the waste
- regularly audit the processes and procedures in place to deal with the waste to ensure that they remain effective.

Unless specific state or territory waste management requirements apply, the Board expects clinical waste (such as used swabs) that does not contain expressible blood to be treated as general waste and:

- discarded into a leak-proof plastic bag
- kept out of reach of children, and
- disposed of as general waste.

3. Transmission-based precautions

The Australian Guidelines (2019: 96-120) set out transmission-based precautions that are to be applied in addition to standard precautions, where a patient is suspected or confirmed to be infected with agents transmitted by the contact or airborne routes.

Transmission-based precautions are applied to reduce the transmission risk from a particular pathogen through a particular route (through direct or indirect contact, as a droplet or airborne). The combination of measures used in transmission-based precautions depends on the route(s) of transmission of the infectious agent involved.

> The aim of instituting transmission-based precautions early is to reduce further transmission opportunities that may arise due to the specific route of transmission of a particular pathogen. While it is not possible to prospectively identify all patients needing transmission-based precautions, in certain settings recognising an increased risk warrants their use while confirmatory tests are pending (2019: 97).

A summary of recommended precautions for specific infectious agents can be found in the Australian Guidelines (2019: Appendix 2 section 6.4). These can include standard precautions in combination with contact precautions; droplet precautions or air-borne precautions (2019: 96-120).

What the Board expects:

The Board expects registered practitioners to apply transmission-based precautions in addition to standard precautions when necessary, for example:

- when treating a patient who has or may have chickenpox (contact and airborne precautions apply)
- when treating a patient who has or may have coronavirus (COVID-19) or influenza (contact and droplet precautions apply).

4. Organisational support

The Australian Guidelines state that for infection prevention and control to be effective at the clinical level, much organisational support is required.

> This includes embedding infection control into governance and management structures, initiating procedures (e.g. immunisation programs) to ensure that healthcare workers are protected, instituting processes for surveillance that feed into the overall quality control program, implementing systems for ongoing staff education and training, and incorporating infection control into planning for facility design and maintenance (2019: 179).

Workplace health and safety

Infection control is also a health and safety issue – all those working in the healthcare facility (managers, healthcare workers and support staff) are responsible for providing a safe environment for patients and other staff (2019: 179). The Australian Government's *Australian Immunisation Handbook* (AIH)[7] provides clinical advice for health professionals on the safest and most effective use of vaccines in their practice. The Australian Guidelines recommend that all healthcare workers be vaccinated in accordance with recommendations for healthcare workers in the *AIH* (2019: 194).

Practitioners also need to keep up to date with any public health orders issued by governments.

Table 4: Recommended vaccinations for all healthcare workers

Healthcare workers	Disease/vaccine
All healthcare workers: including all workers and students directly caring for patients or handling human tissue, blood or body fluids	hepatitis B influenza pertussis (dTpa [diptheria-tenanus-acellular pertussis) MMR (if non-immune) (measles-mumps-rubella) varicella (if non-immune)
Healthcare workers who work with remote Indigenous communities or with Aboriginal and Torres Strait Islander children in Northern Territory, Queensland, South Australia and Western Australia; and other specified healthcare workers in some jurisdictions	Vaccines listed for 'All healthcare workers', plus hepatitis A
Healthcare workers who may be at high risk of exposure to drug resistant cases of tuberculosis (dependent on state or territory guidelines)	Vaccines listed for 'All healthcare workers', plus consider Bacillus Calmette-Guérin (BCG) vaccine

Source: Australian Immunisation Handbook: https://immunisationhandbook.health.gov.au/vaccination-for-special-risk-groups/vaccination-for-people-at-occupational-risk

[7] Insert hyperlink to https://immunisationhandbook.health.gov.au/vaccination-for-special-risk-groups/vaccination-for-people-at-occupational-risk

Each acupuncture clinic should have in place a clinic-wide strategic plan for infection prevention and control that establishes a system to manage infection prevention and control with input from practitioners, management and administrative staff. It should include the following elements:

- a nominated staff member who takes on the role of infection control professional, to develop infection prevention and control procedures and oversee their implementation
- suitable training and external support for the nominated staff member where needed to manage infection control issues
- provision of adequate staff training for all staff and suitable protective clothing and equipment
- workplace conditions and structures arranged to minimise potential hazards
- a mechanism for considering patient feedback
- consideration of infection prevention and control at every staff meeting, with discussion of procedures and processes for management of risks
- incorporation of infection prevention and control into the objectives of the clinic's patient and occupational safety programs
- provision of administrative support, including fiscal and human resources, for maintaining infection prevention and control programs.

What the Board expects:

The Board expects all registered practitioners and their staff to be aware of their individual responsibility for maintaining a safe care environment for patients and other staff.

The Board expects the prevention of transmission of infectious agents to be a priority in every acupuncture clinic.

The Board expects every acupuncture clinic to have in place an infection prevention and control plan that is tailored to the size of the acupuncture clinic and addresses staff responsibilities, staff training, planning and review processes, operating procedures, physical facilities and equipment, resourcing and any relevant State and territory legislative instruments.

Staff training in infection prevention and control

The Australian Guidelines advise that:

- all healthcare workers should understand the basis and importance of infection prevention and control
- this information should be provided to healthcare workers and students by the healthcare facility where they work
- the basis for this teaching should be the information contained in Section 1 of the Australian Guidelines, ensuring that healthcare workers understand what are standard and transmission-based precautions, when they need to be employed and how to employ them
- this information should be tailored specifically to the healthcare facility, and where necessary, to a healthcare workers specific role in the workplace
- job-specific training should be provided as part of orientation and when new procedures affect the employee's occupational exposure
- healthcare workers' competency should be regularly assessed, and records should be maintained of their participation in education programs (2019: 211).

What the Board expects:

The Board expects that every acupuncture clinic will ensure that staff are trained in the basics of infection prevention and control, including the application of standard and transmission-based precautions.

Exclusion periods for healthcare staff with infectious diseases

The Australian Guidelines advise that:

- Every healthcare facility should have comprehensive written policies regarding disease-specific work restriction and exclusion, which include a statement of authority defining who can implement such policies.
- Any employee who has an infectious disease has a responsibility to:
    - consult with an appropriate medical practitioner to determine that they are capable of performing their tasks without putting patients or other workers at risk

- undergo regular medical follow-up and comply with all aspects of informed clinical management regarding their condition (2019: 198).

The Australian Guidelines state staff members should not come to work if they have signs or symptoms of a potentially infectious disease (2019: 198).

The Communicable Diseases Network Australia (CDNA) provides specific guidance on the management of staff infected with a range of diseases. For more information, see CDNA's Series of National Guidelines.

The Australian Guidelines (2019: 198-200 Table 32) provide details of staff exclusion periods for infectious illnesses.

What the Board expects:

The Board expects that any acupuncture clinic staff member who acquires an acute infectious illness listed in Table 32 of the Australian Guidelines (2019: 198-200) to observe the recommended staff exclusion period.

Disease surveillance

The Australian Guidelines advise that all staff members in office-based practices should be aware of the possibility that patients will present with suspected or confirmed infectious diseases and for certain diseases, timely notification to the relevant authority will be required, sometimes by telephone. Therefore:

- a staff member should be responsible for checking national and state websites for relevant guidelines
- systems need to be in place within the clinic to:
  - minimize risks arising from known outbreaks (e.g. COVID-19, chickenpox [varicella], measles [rubeola]) and emerging diseases (e.g. Candida auris and Hendra virus)
  - enable authorities to trace those with whom an infectious patients have been in contact (2019: 199-200).

What the Board expects:

The Board expects all registered practitioners to comply with their obligations for timely reporting of infectious diseases and to cooperate with any public health disease surveillance and reporting programs.

Facility design

The design of a healthcare facility can influence the transmission of healthcare associated infections by air, water and contact with the physical environment (2019: 223). The Australian Guidelines identify key design features that minimise the transmission of infection. These include:

- surface finishes that are easy to maintain and clean (floors, walls, benches, fixtures and fittings)
- ventilation, air conditioning, cooling towers and water systems that meet Australian standards for the facility they are to service
- triaging of patients in waiting rooms with separation of infectious patients
- appropriate workplace design:
  - separation of procedural and cleaning areas
  - movement of workflow systems
  - ready access to hand hygiene facilities
  - adequate storage for all patient-care items
  - easily accessible storage for personal protective equipment
  - adequate waste management procedures and linen handling (2019: 223).

Further guidance on facility design standards is available in Part D of the current *Australasian Health Facility Guidelines*.[8]

What the Board expects:

[8]Insert hyperlink https://healthfacilityguidelines.com.au/part/part-d-infection-prevention-and-control-0

The Board expects that any clinic where acupuncture is performed by a registered practitioner will comply with key design features outlined in the Australian Guidelines (2019: 223).

5. State and territory regulations and guidelines relevant to acupuncture practice

All states and territories have in place regulations governing skin penetration and infection control, waste management and workplace health and safety.

Skin penetration and infection control

Appendix A provides information about the relevant state and territory legislative instruments (laws, regulations, guidelines) that apply to skin penetration and infection control in each jurisdiction.

In some jurisdictions, registered acupuncturists are exempt from the requirement to license or register their premises for skin penetration. In some others, premises must be licensed. For instance, in the ACT, Queensland and South Australia, legislative requirements and standards set out in codes of practice or guidelines apply to registered acupuncturists. However, in NSW and Victoria, registered acupuncturists are exempt from the requirement to register their businesses or premises for skin penetration.

What the Board expects:

The Board expects all registered practitioners to comply with the legislative requirements with respect to skin penetration that apply at their place of practice and to ensure they remain up to date with any changes in these requirements.

Management and disposal of clinical waste

All states and territories have environment protection legislation and regulations governing the generation, storage, transport and disposal of waste. These regulations are administered by environment protection regulators in each state and territory. Most states and territories also have specific regulations and/or guidelines governing the management of clinical waste, and this includes the waste generated through the practice of acupuncture.

Appendix B lists the state and territory legislative instruments that apply to the management, storage and disposal of clinical waste. Registered practitioners are expected to comply with the applicable legislative requirements.

These regulations are likely to change from time to time. Registered practitioners are expected to keep themselves up to date with any changes in the applicable local requirements.

What the Board expects:

The Board expects all registered practitioners to comply with the relevant state or territory waste management requirements that apply to their place of practice and to ensure they remain up to date with any changes in these requirements.

Workplace health and safety

Appendix C lists the Commonwealth, state and territory laws that apply to workplace health and safety, the responsible regulator and website addresses.

Workplace health and safety laws (WHS laws) provide a framework to protect the health, safety and welfare of all workers at work and all other people who might be affected by the work, including:

- employees
- contractors
- subcontractors
- outworkers i.e. those who work away from the employer's premises
- apprentices and trainees
- work experience students
- volunteers

- employers who perform work.

The WHS laws also provide protection for the general public so that their health and safety is not placed at risk by work activities.

The WHS laws place the primary health and safety duty on a person conducting a business or undertaking. The person must ensure, so far as is reasonably practicable, the health and safety of workers at the workplace. Duties are also placed on officers or a person conducting a business or undertaking, workers and other persons at a workplace, including requirements for:

- incident notification
- consultation with workers
- issue resolution
- inspector powers and functions
- offences and penalties.

The WHS laws:

- define a 'notifiable incident' to include a serious injury or illness – this includes an injury requiring the person to have medical treatment within forty-eight hours of exposure to a substance (including a natural substance)
- require a person who conducts a business or undertaking to ensure that the regulator is notified immediately after becoming aware that a notifiable incident arising out of the conduct of the business or undertaking has occurred (penalties apply for failure to notify).

What the Board expects:

The Board expects all registered practitioners to ensure a safe workplace for workers and others, to comply with the workplace health and safety requirements applicable to their place of practice, and to keep themselves up to date with and changes in these requirements.

IMPORTANT NOTE: The information in **Appendixes A-C** is provided at a point of time and is subject to change as jurisdictions update their law.

Definitions

Acupuncture

In this guideline, acupuncture is narrowly defined as the therapeutic practice of inserting and manipulating fine needles into specific points of the body.

Acupuncture needles

Special fine solid needles used to penetrate the body surface for a therapeutic purpose.

Acupuncture point injection

The injection of a substance approved by the Therapeutic Goods Administration (TGA) (often normal saline) into an acupuncture point via a syringe for a therapeutic effect**.**

Alcohol-based hand rub

A preparation containing alcohol that is included on the Australian Register of Therapeutic Goods as a medicinal product. This product is designed for reducing the number of viable microorganisms on the hands without the use or aid of running water.

Antiseptic

A substance that prevents or arrests the growth or action of microorganisms by inhibiting their activity or by destroying them. The term is used especially for preparations applied topically to living tissue.

Cleaning

The physical removal of foreign matter using water, detergent and mechanical action, to reduce the number of microorganisms from a surface.

Clinical waste

Clinical waste means waste that has the potential to cause disease, including animal waste, discarded sharps, human tissue waste and laboratory waste.

Contact

The touching of any patient, their immediate surroundings or performing any procedure.

Dermal hammer

A hammer-like device, the head of which contains several short needles. It is used in acupuncture practice to stimulate the skin surface and to promote superficial bleeding. Also called ‘plum-blossom needle’, ‘seven-star needle’ or ‘cutaneous needle’.

Disinfectant

A TGA-registered chemical agent (but sometimes a physical agent) that destroys disease-causing pathogens or other harmful microorganisms but might not kill bacterial spores. It refers to substances applied to inanimate objects.

Disinfection

Thermal or chemical destruction of pathogenic and other types of microorganisms. Disinfection is less lethal than sterilisation because it destroys most recognised pathogenic microorganisms but not necessarily all microbial forms (such as bacterial spores).

Finger cot

A close-fitting sheath (often made of latex) worn at the end of a finger, for protection of the finger or to avoid soiling the object touched.

General waste

Waste that is not categorised as clinical or related waste; general waste produced by health care facilities is of no more risk to public health than household waste.

Hand hygiene

A general term applying to processes aiming to reduce the number of microorganisms on hands. This includes:

- application of a waterless antimicrobial agent (such as alcohol-based hand rub) to the surface of the hands, and

- use of soap/solution (plain or antimicrobial) and water (if hands are visibly soiled), followed by patting dry with single-use towels.

Hands free sink

A sink which can be operated by foot pedals, no-touch sensors or (properly used) elbow-operated controls.

Healthcare-associated infections

Infections acquired in healthcare facilities ('nosocomial' infections) and infections that occur as a result of healthcare interventions ('iatrogenic' infections), and which may manifest after people leave the healthcare facility.

Office-based practice

The provision of health care services in sites outside routine hospital in-patient and operating room settings. Such sites include private consulting rooms and health clinics (**Standards Australia, AS/NZS 4815: 2006**).

Pathogen

Any microorganism that can cause infection in a susceptible host.

Registered acupuncturist

A practitioner registered by the Chinese Medicine Board of Australia as a Chinese medicine practitioner in the division of 'Acupuncturist'.

Registered practitioner

A practitioner registered by the Chinese Medicine Board of Australia as a Chinese medicine practitioner in the division of 'Acupuncturist'.

Reprocessing

Any process to prepare a device for reuse (which can include pre-cleaning, cleaning and disinfecting or sterilising).

Semi-permanent, retained or embedded needle

An acupuncture needle that is left in situ after a treatment either until it falls out, or until it is removed. Includes ear studs, press needles and intra-dermal needles.

Sharps

Instruments used in delivering healthcare that can inflict a penetrating injury, such as needles, dermal hammers, lancets and scalpels.

Single use

Single-use devices are medical devices that are labelled by the original manufacturer as 'single use' and are only intended to be used once: http://www.tga.gov.au/devices/daen-entry.aspx

Standard precautions

Work practices that constitute the first-line approach to infection prevention and control in the healthcare environment. These are recommended for the treatment and care of all patients.

Sterile or sterility

A state of being free from all living microorganisms. In practice, usually described as a probability function, such as the probability of a microorganism surviving sterilisation being one in one million.

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Australian Technical Advisory Group on Immunisation (ATAGI). *Australian Immunisation Handbook*, Australian Government Department of Health, Canberra, 2018, immunisationhandbook.health.gov.au.

Royal Australian College of General Practitioners (2014). *Infection prevention and control standards for general practices and other office-based and community-based practices*. 5th edition. East Melbourne.

Waste Management Association of Australia (2014). *Biohazard Waste Industry: Industry Code of Practice for the Management of Biohazardous Waste (including Clinical and Related Wastes)*, 7th Edition.

Useful resources

Australian Standards

Standards Australia. Accessed 15 November 2019 at: www.standards.org.au/Pages/default.aspx

National

Australian guidelines for the prevention and control of infection in healthcare. Accessed 15 November 2019 at: www.nhmrc.gov.au/about-us/publications/australian-guidelines-prevention-and-control-infection-healthcare-2019

ACT

Infection control for office practices and other community based services: code of practice 2005. Accessed 15 November 2019 at: www.health.act.gov.au/about-our-health-system/data-and-publications/codes-practice

Infection control guidelines for office practices and other community based services 2006. Accessed 15 November 2019 at: www.health.act.gov.au/about-our-health-system/data-and-publications/codes-practice

NSW

Public Health Act 2010 and Public Health Regulation 2012*. Skin Penetration Industry*. Accessed 15 November 2019 at: www.health.nsw.gov.au/environment/skinpenetration/Pages/default.aspx

NT

Public and Environmental Health Guidelines for Hairdressing, Beauty Therapy and Body Art. Accessed 15 November 2019 at: https://health.nt.gov.au/working-with-nt-health/public-health-and-licensing

QLD

Infection Control Management Plans for Non-hospital Healthcare Facilities. Accessed 15 November 2019 at: www.health.qld.gov.au/clinical-practice/guidelines-procedures/diseases-infection/infection-prevention

SA

Guidelines on the safe and hygienic practice of skin penetration. Accessed 15 November 2019 at: https://www.sahealth.sa.gov.au/wps/wcm/connect/public+content/sa+health+internet/public+health/hairdressing+body+art+and+piercing/skin+penetration+guidelines

TAS

Tasmanian Department of Health Guidelines for Acupuncture. Accessed 15 November 2019 at: www.dhhs.tas.gov.au/__data/assets/pdf_file/0015/53322/pehguide_acupuncture.pdf

VIC

Public Health and Wellbeing Act 2008. Accessed 15 November 2019 at: www.legislation.vic.gov.au/Domino/Web_Notes/LDMS/PubStatbook.nsf/f932b66241ecf1b7ca256e92000e23be/8B1B293B576FE6B1CA2574B8001FDEB7/$FILE/08-46a.pdf

Public Health and Wellbeing Regulations 2009*.* Accessed 15 November 2019 at:

www.legislation.vic.gov.au/Domino/Web_Notes/LDMS/PubStatbook.nsf/b05145073fa2a882ca256da4001bc4e7/A3B0A9845FD0980ACA25768D002AB0B5/$FILE/09-178sr.pdf

WA

Skin penetration code of practice. Accessed 15 November 2019 at: https://ww2.health.wa.gov.au/Articles/S_T/Skin-penetration-procedures-and-the-law

Review

These guidelines will take effect on XXXX. The Board will monitor these guidelines for effectiveness and review them at least every five years.

Appendix A: State and territory legislative instruments (laws, regulations, guidelines) relevant to skin penetration and acupuncture practice				
State	**Legislative instruments**	**Relevant provisions**	**Registered health professionals**	**Last updated**
ACT	*Public Health Act 1997* *Public Health (Risk Activities) Declaration 2005 No. 1* *ACT Health Infection control for office practices and other community based services: Code of Practice 2005* *ACT Health Infection control guidelines for office practices and other community based services 2006*	***Section 18(1)*** of the Act empowers the Minister to declare an activity that may result in the transmission of a disease, or that may otherwise adversely affect the health of individuals in the context of the wider health of the community, to be a public health risk activity. ***Section 20*** makes it an offence for a person carrying on a public health risk activity to fail to comply with a code of practice in relation to that activity. ***Para 4(1)*** of the *Public Health (Risk Activities) Declaration (2005)* states that it is a licensable public health risk activity to operate, manage or control a business, charity, demonstration or service that carries out a skin penetration procedure. The ***Code of Practice*** details a set of standard outcomes, which are required to be adhered to, or achieved by, the business, premises or practitioner. The Code covers any business that performs skin penetration or infection risk procedures for fee, reward or public service, including acupuncture clinics and mobile practitioners All persons performing procedures requiring infection control measures (for fee, reward or public service) including the proprietor are bound by the Code.	Registered acupuncturists must hold an infection control license issued by ACT Health if they are to carry out any procedures that involve skin penetration and must comply with the provisions of the Code of Practice and Guidelines. **Website:** www.health.act.gov.au/businesses/infection-control	Under review
NSW	Health Practitioner Regulation (New South Wales) Regulation 2016	Schedule 3 sets out the infection control standards that a relevant health practitioner, including a Chinese medicine practitioner must comply with.	The standards apply to certain registered health practitioners, including Chinese medicine practitioners. **Websites:** https://www.legislation.nsw.gov.au/#/view/regulation/2016/543/part2	2016

			https://www.legislation.nsw.gov.au/#/view/regulation/2016/543/sch3	
NT	*Public and Environmental Health Act 2011* *Public and Environmental Health Regulations 2014* Nil relevant guidelines.	***Part 2*** of the Act requires registration of businesses that carry out 'declared activities', that is, activities that have been declared by the Minister by publication in the Gazette to be a public health risk activity. ***Section 8*** of the Act sets out the persons who do not have to register their businesses to carry out declared activities. This includes a person who is authorized under another Act to carry out a declared activity and a 'health practitioner'. ***Section 8(3)*** sets out a definition of 'health practitioner' that includes registered medical practitioners, dentists, nurses and pharmacists. ***Regulation 24*** defines 'skin penetration' to mean 'any process that involves intentional, non-medical: piercing, cutting, scarring, branding, scraping, puncturing, tearing or penetration of the skin, mucous membrane or conjunctiva of the eye using an instrument. ***Regulation 48*** makes it an offence for a proprietor of a registered business or their employees to use a needle for skin penetration and the needle has previously been used in a skin penetration procedure.	The NT Department of Health's *Public and Environmental Health Guidelines for Hairdressing, Beauty Therapy and Body Art* (p.6) state that the Guidelines '*do not apply to medical activities such as those undertaken by: a health practitioner registered with the Australian Health Practitioners Registration Authority (including Chinese Medicine Practitioners); and persons acting under the direction or supervision of a health practitioner. However, if a health practitioner operates a business that is not covered within the "normal" course of his/her profession; these Guidelines would then apply to that operation'.* **Website:** https://health.nt.gov.au/working-with-nt-health/public-health-and-licensing	May 2014
QLD	*Public Health Act 2005* (Qld) (Chapter 4) *Public Health Regulation 2018* (Qld) Queensland Health *Infection Control Management Plans for Non-hospital Healthcare Facilities* *Public Health (Infection Control for Personal*	**Section 148(1***)* of the *Public Health Act 2005* defines a 'declared health service' as 'a service provided to a person that is intended to maintain, improve or restore the person's health and involves the performance of an invasive procedure or an activity that exposes the person or another person to blood or another bodily fluid'. ***Section 148(2)*** states that an acupuncture clinic is where a declared health service is provided. ***Section 149*** defines a 'health care facility' as a place where a declared health service is provided and includes (as an example) an acupuncture clinic	All registered acupuncturists involved in the provision of a declared health service must take reasonable precautions and care to minimize the risk of infection to other persons. Owners and operators of acupuncture clinics must ensure that: • there is an Infection Control Management Plan in place for the facility that meets the requirements set out in section 153 of the Act, and	2018

	Appearance Services) Act 2003	operating from an office or residential address that provides home visits. ***Section 151*** imposes an obligation on every person involved in the provision of a declared health service to take reasonable precautions and care to minimize the risk of infection to other persons. ***Section 152*** defines an Infection Control Management Plan (ICMP) as a documented plan to prevent or minimise the risk of infection in relation to a declared health service for persons receiving services, persons employed or engaged at the facility, and other persons at risk of infection at the facility. ***Sections 153 and 154*** impose obligations on owners and operators of health care facilities to ensure there is an ICMP for the health care facility; that declared health services are provided in compliance with the ICMP and that the effectiveness and implementation of the ICMP is reviewed at intervals of not more than 1 year. ***Section 155*** lists the items that must be included in an ICMP.	• the effectiveness and implementation of the Infection Control Management Plan is reviewed at least annually. Should any procedures involving skin penetration be performed for services that might be more appropriately considered "personal appearance services" then the *Public Health (Infection Control for Personal Appearance Services) Act 2003* is relevant. **Websites:** www.health.qld.gov.au/clinical-practice/guidelines-procedures/diseases-infection/infection-prevention https://www.health.qld.gov.au/__data/assets/pdf_file/0025/831625/icmp-non-hospital-hcf.pdf https://www.health.qld.gov.au/clinical-practice/guidelines-procedures/diseases-infection/infection-prevention/management-plans-guidance/icmp	
SA	*South Australian Public Health Act 2011* *South Australian Public Health Regulations 2013* SA Health *Guidelines on the safe and hygienic practice of skin penetration*	***Section 17(1)(c)*** of the Act empowers the Minister for health to develop policies or codes of practice that are relevant to - (i) the scope of the duty under Part 6; or (ii) identifying risks to public health; or (iii) setting standards in connection with any activity, material, substance or equipment relevant to public health; ***Section 56*** establishes a 'general duty' as follows: (1) A person must take all reasonable steps to prevent or minimise any harm to public health	Acupuncturists are expected to comply with the *Guidelines on the Safe and Hygienic Practice of Skin Penetration.* The website states: The purpose the *Guidelines on the Safe and Hygienic Practice of Skin Penetration* is to assist relevant authorities and operators of premises where the practice of skin penetration procedures such as: • acupuncture • tattooing	2013

		caused by, or likely to be caused by, anything done or omitted to be done by the person. (2) In determining what is reasonable for the purposes of subsection (1), regard must be had, amongst other things, to the objects of this Act, and to - (a) the potential impact of a failure to comply with the duty; and (b) any environmental, social, economic or practicable implications; and (c) any degrees of risk that may be involved In determining what is reasonable for the purposes of subsection (1), regard must be had, amongst other things, to the objects of this Act, and to — (a) the potential impact of a failure to comply with the duty; and(b) any environmental, social, economic or practicable implications; and (c) any degrees of risk that may be involved; and (d) the nature, extent and duration of any harm; and (e) any relevant policy under Part 5; and (f) any relevant code of practice under Part 8; and (g) any matter prescribed by the regulations.	• micropigmentation • body piercing • waxing • electrolysis • other hair removal/beauty therapies undertaken. It is essential that proprietors and staff be fully aware of the potential dangers of their procedures and understand the precautions that need to be taken to minimise the likelihood of infection or spread of disease. **Website:** https://www.sahealth.sa.gov.au/wps/wcm/connect/public+content/sa+health+internet/public+health/hairdressing+body+art+and+piercing/skin+penetration+guidelines	
TAS	*Public Health Act 1997* Department of Health and Community Services *Public Health Act 1997 - Guidelines for acupuncture*	Under **Part 5** of the *Public Health Act 1997* premises that are used for any 'public health risk activity' by people other than registered health practitioners are required to be registered. The Act also requires people who carry out 'public health risk activities' other than registered health practitioners to be licensed. "Public health risk activity" is defined in **section 3** to mean any activity which may result in the transmission of disease. This includes acupuncture. Under **section 84** of the *Public Health Act*, the Director of Public Health may issue guidelines	Registered Chinese medicine practitioners and other registered health practitioners with an endorsement to perform acupuncture are exempt from both the registration and licensing requirements set out in the *Public Health Act 1997* and the requirements set out in the *Guidelines for Acupuncture*. **Website:** www.dhhs.tas.gov.au/__data/assets/pdf_file/0015/53322/pehguide_acupuncture.pdf	April 1998

		relating to any matter under the Act. The guidelines may adopt or incorporate the whole or part of any standard, rule, code, specification or guidelines, with or without modification, issued, prescribed, made or published by any person or body before or after the guidelines take effect. Any agency, public authority or person must comply with the guidelines. A penalty may be imposed for failure to comply. The Department of Health and Community Services Guideline No 6 issued April 1998 titled: *Public Health Act 1997 - Guidelines for Acupuncture* applies to acupuncturist who are not registered health practitioners.		
VIC	*Public Health and Wellbeing Act 2008* *Public Health and Wellbeing Regulations 2019*	***Section 69*** of the Act requires the registration of certain businesses with local councils, including businesses involving skin penetration. ***Regulation 24*** lists the 'exempt businesses' that are not required to register premises for skin penetration with the local council. These exempt businesses include the practices of: • registered acupuncturists • other registered health practitioners – chiropractors, dentists, medical practitioners, midwives, nurses, osteopaths, pharmacists, physiotherapists and podiatrists.	Registered acupuncturist are exempt from the requirement to register their businesses with the local council for skin penetration. **Website:** www2.health.vic.gov.au/public-health/infectious-diseases/personal-care-body-art-industries	2019
WA	*Health Act 1911* (Section 344A(2)) *Health (Skin Penetration Procedure) Regulations 1998*. Western Australian Department of Health *Skin penetration code of practice*	The ***Skin penetration code of practice*** states that it applies to: • All persons who perform skin penetration procedures. • The premises in which such skin penetration procedures are performed. • The business of cleaning and/or sterilising appliances for the purpose of skin penetration. ***Regulation 4*** states that the regulations do not apply to a skin penetration procedure carried out by:	The Department of Health website states that the legislation does not apply to medical practitioners or dentists; a person under the supervision of a medical practitioner, podiatrists or nurses, any other person registered with the Australian Health Practitioner Regulation Agency. **Website:** ww2.health.wa.gov.au/Articles/S_T/Skin-penetration-procedures-and-the-law	Undated. Based on *Infection control in the health care setting, guidelines for the prevention of transmission of infectious disease 1996*

		• a dentist, medical practitioner, podiatrist or nurse • a person acting under the direction or supervision of a medical practitioner or dentist.		

Appendix B: State and territory legislative instruments (laws, regulations, guidelines) and regulators governing the management of clinical waste		
Legislative instruments	**Regulator**	**Comments**
ACT: www.accesscanberra.act.gov.au/app/answers/detail/a_id/3456/~/waste-management%2C-clinical-waste-and-hazardous-materials#!tabs-8		
Environment Protection Act 1997 *Environment Protection Regulation 2005* *Clinical Waste Act 1990 (ACT)* *ACT Clinical Waste Manual 1991*	Environment Protection Authority (EPA) Clinical Waste Controller (appointed by Director General ACT Health)	Controlled waste is waste which could cause harm to the environment and/or human health. In broad terms it comprises of industrial chemicals, infectious substances, waste pharmaceuticals, various by-products of industrial processes and other wastes which display hazardous characteristics. The **Clinical Waste Act 1990:** • relates to the treatment, storage, transportation and disposal of clinical waste • empowers the Minister to declare waste to be 'clinical waste', to declare a site to be a disposal site and declare a 'prescribed activity' for the purposes of application of the Act • requires the Minister to make a clinical waste manual • provides for the issuing of licenses for the carrying on of a business of transporting clinical waste • provides offences for a person who is negligent in the way they store, transport or dispose of clinical waste to cause injury or disease to someone dealing with the waste The **Clinical Waste Manual 1991:** • defines clinical wastes as those wastes resulting from the treatment and care of people and animals, and include such things as hypodermic needles, scalpels, pipettes, (i.e. sharps), as well as tissue and fluid specimens, human, cytotoxic and veterinary drugs and pharmaceuticals (used or unused) and their wastes, and materials which have been in contact with these sorts of substances • defines 'prescribed activity' to include: 'a practice, business or undertaking that involves acupuncture' • defines 'infectious waste' to include used sharps • contains a minimum requirement for the storage, treatment, transport and disposal of clinical wastes • sets out requirements for standardized waste disposal bags (yellow bag with black biohazard symbol) • defines 'sharps' and sets requirements for labelling, storage and disposal.
NSW: www.health.nsw.gov.au/environment/clinicalwaste/Pages/default.aspx		
Protection of the Environment Operations Act 1997 (NSW)	NSW Environment Protection Authority (EPA)	Waste must be managed and disposed of in accordance with the ***Protection of the Environment Operations Act 1997*** and the ***Protection of the Environment Operations (Waste) Regulation 2005***.

Protection of the Environment Operations (Waste) Regulation 2005 (NSW) NSW Health *Guideline for Approval of Method to Treat Clinical Waste* NSW Health *Clinical and Related Waste Management for Health Services - Policy Directive 2017_026* NSW Health *Generic Waste Management Plan for Health Care Facilities*	Director- General Department of Health	The Website states: *Clinical waste means any waste resulting from medical, nursing, dental, pharmaceutical, skin penetration or other related clinical activity, being waste that has the potential to cause injury, infection or offence, and includes waste containing any of the following: (a) human tissue (other than hair, teeth and nails), (b) bulk body fluids or blood, (c) visibly blood-stained body fluids, materials or equipment, (d) laboratory specimens or cultures, (e) animal tissue, carcasses or other waste from animals used for medical research, but does not include any such waste that has been treated by a method approved in writing by the Director-General of the Department of Health.* The ***NSW Health Policy Directive*** and guidelines apply to hospitals and other specified health facilities but do not apply to privately operated acupuncture clinics.
NT: www.ntepa.nt.gov.au/waste-pollution/guidelines/guidelines		
Waste Management and Pollution Control Act 1998 (NT) *Waste Management and Pollution Control (Administration) Regulations 1998* *Guideline for Remote Clinical Waste Incinerators in the Northern Territory*	Northern Territory Environment Protection Authority (NT EPA)	Under the ***Waste Management and Pollution Control Act 1998***: • ***Section 12*** requires a person conducting an activity that causes or is likely to cause pollution resulting in environmental harm, or generates waste, to take all reasonable and practical measures to prevent or minimise the pollution or environmental harm, or reduce the amount of waste. • ***Section 14*** establishes a process for notifying the Northern Territory Environment Protection Authority (NT EPA) about incidents causing or threatening to cause pollution. • ***Schedule 2*** of the WMPCA requires an environment protection approval for construction (Part 1, Section 2) and a licence for ongoing operation (Part 2, Section 2) for the treatment or disposal of listed wastes on a commercial or fee for service basis at the premises. • Listed wastes are defined in Schedule 2 of the Waste Management and Pollution Control (Administration) Regulations. Under the ***Waste Management and Pollution Control (Administration) Regulations 1998***, 'Clinical and related waste' is a 'listed waste'. The NT EPA ***Guideline for Remote Clinical Waste Incinerators in the Northern Territory*** sets requirements for incineration of clinical waste in remote areas.
QLD: https://environment.des.qld.gov.au/__data/assets/pdf_file/0029/89147/pr-gl-clinical-and-related-waste.pdf		
Environmental Protection Regulation 2019 (EP Regulation) *Waste Reduction and Recycling Regulation 2011 (Qld)*	Queensland Government Department of Environment and Resource Management,	The Qld ***Guideline Clinical and related waste***: • advises that: ○ clinical waste means waste that has the potential to cause disease, including, for example, the following— (a) animal waste (b) discarded sharps (c) human tissue waste (d) laboratory waste.

Queensland Government Department of Environment and Science: *Guideline. Clinical and related waste (2015)*	Environmental Protection Agency	○ clinical waste is prescribed category 1 regulated waste under the ***Environmental Protection Regulation 2008*** (EP Regulation) ○ activities involving the storage, transport, reprocessing or treatment of regulated waste will generally require an environmental authority under the ***Environmental Protection Act 1994*** • describes the management of clinical or related waste in QLD, in reference to the ***Waste Reduction and Recycling Regulation 2011*** (WRR Regulation) • requires clinical and related waste to be handled, stored, packaged, labelled and transported appropriately to minimise the potential for contact with the waste and to reduce the risk to the environment from accidental release • requires sharps produced by premises generating clinical or related waste to be placed into a rigid-walled, puncture-resistant container that meets the relevant Australian Standard for the type of container and is the appropriate colour for the type of sharp.
SA: www.epa.sa.gov.au/community/waste_and_recycling/medical_waste		
Environment Protection Act 1993 (SA) Government of Australia, Environment Protection Authority, *Environment Protection (Waste to Resources) Policy 2010* Government of Australia, Environment Protection Authority *Medical waste: Storage, transport and disposal* (Re-issued 2003)	South Australian Government Environment Protection Authority	The website states: • generators of medical waste from any other activity must comply with section 25 of the Act. The guideline ***Medical waste: Storage, transport and disposal*** provides further information on compliance requirements • currently, only hospitals with more than 40 beds and pathology laboratories are required to be licensed for 'Activities Producing Listed Waste' under the ***Environment Protection Act 1993*** • all other facilities such as doctors, dentists, veterinarians and nursing homes are regulated by the ***Environment Protection (Waste to Resources) Policy 2010*** (W2R EPP) • the W2R EPP enables the EPA to approve alternative methods of treatment or disposal for medical waste in addition to incineration • persons transporting (for fee or reward) medical waste from the above premises are required to be licensed as waste transporters.
TAS: https://epa.tas.gov.au/regulation/waste-management/controlled-waste/handling-controlled-waste-in-tasmania/required-approvals-authorisations-for-controlled-waste-management/approved-management-methods/clinical-and-related-waste		
Environmental Management and Pollution Control Act 1994 (TAS) *Environmental Management and Pollution Control (Waste Management) Regulations 2010* *Approved Management Method for Clinical and Related Waste - Appendix 2 Legal Requirements of the AMM 2007*	Environment Protection Authority of Tasmania	The website states: • the clinical and related waste stream includes discarded sharps, infectious or potentially infectious waste, cytotoxic drugs, chemical, pharmaceutical and radioactive materials, and animal tissue or carcasses used in research • the Approved Management Method for Clinical and Related Waste developed under the *Environmental Management and* ***Pollution Control (Waste Management) Regulations 2010*** (Waste Management Regulations): ○ specifies minimum standards and recommended controls in relation to waste classification, segregation, safe packaging, labelling, storage, transport and disposal of clinical and related wastes ○ bans landfilling untreated clinical and related wastes

Approved Management Method for Clinical and Related Waste - Companion Document 2007		○ states that compliance with the minimum standards under the Clinical and Related Waste AMM satisfies legal obligations under the Waste Management Regulations with respect to managing clinical and related waste • the ***AMM Companion Book*** provides broad guidance on organisational and occupational health and safety issues, advice on formulating waste management strategies and conducting on-site waste audits.
VIC: https://www.epa.vic.gov.au/about-epa/publications/iwrg612-1		
Environment Protection (Industrial Waste Resource) Regulations 2009 *Industrial Waste Resource Guidelines: Clinical and Related Waste Management – Operational Guidance*	Environment Protection Authority Victoria	EPA Victoria is responsible for regulating the storage, transport, treatment and disposal of clinical and related wastes in Victoria under the ***Environment Protection (Industrial Waste Resource) Regulations 2009***. The document ***Clinical and Related Waste Management – Operational Guidance*:** • provides operational guidance for generators of clinical and related wastes • defines clinical waste to include sharps • identifies acupuncture clinics as generators of clinical and related waste • details the management responsibilities of generators for ensuring the safe transport, treatment and disposal of clinical and related wastes. • advises that storage and handling of these wastes must meet EPA legislative requirements • references the ***Biohazard Waste Industry Australia and New Zealand (BWI) Industry Code of Practice for the Management of Clinical and Related Wastes*** (the Code of Practice) • advises that it is illegal to dispose of clinical and related waste in general waste • requires generators to take all necessary precautions to minimise potential hazards and ensure that they manage clinical and related wastes safely and legally, including: ○ waste segregation, packaging, labelling and storage ○ appropriate training for all staff involved in the generation and handling of wastes ○ using licensed contractors for collection and transport of the waste ○ verifying that the relevant disposal facility is licensed to treat the waste ○ regularly auditing the processes and procedures in place to deal with the waste to ensure that they remain effective • summarises the clinical waste treatment processes in Victoria and advises it is the responsibility of the waste generator to ensure that all waste types are only sent to treatment facilities that are licenced for those specific waste types.
WA: http://ww2.health.wa.gov.au/About-us/Policy-frameworks/Public-Health/Mandatory-requirements/Environmental-Health-Management/Clinical-and-Related-Waste-Management-Policy		
Environmental Protection Act 1986	Government of Western Australia Environmental	The Department of Environment Regulation is responsible for control of pollution under Part V of the ***Environmental Protection Act 1986*** and enforcement under Part VI. The Department administers environmental legislation to protect the Western Australian community and the environment against unacceptable impacts, including from the transport and disposal of controlled

Environmental Protection (Controlled Waste) Regulations 2004	Protection Authority (EPA) Department of Environment Regulation	wastes. ***Section 49*** establishes an offence for a person who causes pollution or allows pollution to be caused. The ***Environmental Protection (Controlled Waste) Regulations 2004*** provide for the licensing of carriers, drivers, and vehicles involved in transporting controlled waste, and manages the tracking of movement of controlled waste on roads. ***Schedule 1*** of the Regulations lists clinical waste as a type of controlled waste. **Regulation 2** defines 'controlled waste' as any matter that is within the definition of waste in the NEPM for the *Movement of Controlled Waste between States and Territories*; and listed in Schedule 1. ***Regulation 2*** defines clinical waste as 'waste generated by medical, nursing, dental, veterinary, pharmaceutical or other related activity which is — (a) poisonous or infectious; or (b) likely to cause injury to public health; or (c) contains human tissue or body parts; Under the Regulations, a carrier must hold a licence relevant to the type of controlled waste they transport. The Regulations also provide for the tracking of controlled wastes from the point of generation to unloading at an approved waste facility through the use of controlled waste tracking forms, which must accompany the load and be copied to the Department.

Appendix C: Commonwealth, state and territory work health and safety laws, regulators and websites			
Jurisdiction	**Legislation**	**Regulator**	**Website**
CTH	*Work Health and Safety Act 2011 (Cth)*	ComCare	www.comcare.gov.au/
ACT	*Work Health and Safety Act 2011 (ACT)*	WorkSafe ACT	www.accesscanberra.act.gov.au/app/home/workhealthandsafety
NSW	*Work Health and Safety Act 2011 (NSW)*	SafeWork NSW	www.safework.nsw.gov.au/
NT	*Work Health and Safety (National Uniform Legislation) Act 2011 (NT)*	NT WorkSafe	https://worksafe.nt.gov.au/
QLD	*Work Health and Safety Act 2011(QLD)*	Workplace Health and Safety Queensland	www.worksafe.qld.gov.au/
SA	*Work Health and Safety Act 2012 (SA)*	SafeWork SA	www.safework.sa.gov.au/
TAS	*Work Health and Safety Act 2012 (TAS)*	WorkSafe Tasmania	www.worksafe.tas.gov.au/
VIC	*Occupational Health and Safety Act 2004 (VIC)*	WorkSafe Victoria	www.worksafe.vic.gov.au/
WA	*Occupational Health and Safety Act 1984 (WA)*	WorkSafe WA	www.commerce.wa.gov.au/worksafe