



Chinese Medicine Board
Ahpra

Quick reference guide

Guidelines on infection prevention and control for acupuncture and related practices

1 September 2023

Introduction

This quick reference guide has been developed by the Chinese Medicine Board of Australia (the Board) as a summary of key points in the Board's *Guidelines on infection prevention and control for acupuncture and related practices* (the guidelines). The purpose of the guidelines is to inform Chinese medicine practitioners of the main risks and risk management procedures specific to acupuncture practice regarding infection prevention and control. The full guidelines, in effect from 1 December 2023, are available on the [Board's website](#).

All registered acupuncturists must also be familiar and comply with:

- the Australian Government's *Australian guidelines for the prevention and control of infection in healthcare* (the Australian guidelines), and
- relevant state, territory and local government requirements.¹

At a minimum all registered practitioners are expected to follow 'standard precautions' as set out in the 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 before 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, and
- waste management

Board specific acupuncture guidelines

1. Hand hygiene and special precautions when using alcohol-based hand rub

The Australian Commission on Safety and Quality in Health Care National Hand Hygiene Initiative has adopted the World Health Organization's '5 moments for hand hygiene', for when 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.^{2,3}

The Board expects all registered practitioners to perform hand hygiene using an alcohol-based hand rub as standard, to be supplemented by soap and water when hands are visibly soiled, after using the toilet, when hands are sticky from use of alcohol-based hand rub or when treating a patient where *Clostridioides difficile* or a nonenveloped virus (for example, norovirus) is known or suspected.

Alcohol-based hand rubs must be readily available in all work areas and positioned near patients. The Board expects that every acupuncture clinic will have at least one hands-free sink that is specifically for handwashing and is not used for other purposes.

The Board expects that special precautions are in place for alcohol-based hand rub:

- It must be stored and used away from heat and naked flames.
- No tasks should be attempted until hands are completely dry.
- It must be used in accordance with the manufacturer's instructions.
- Procedures involving exposure to a naked flame, such as moxibustion or cupping, must not be attempted until alcohol has evaporated and hands are completely dry. If practical, use of soap and water should be considered where there is a fire safety risk.

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.

² The National Hand Hygiene Initiative (NHHI) is operated by the Australian Commission on Safety and Quality in Health Care: 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://cdn.who.int/media/docs/default-source/integrated-health-services-\(ihs\)/infection-prevention-and-control/your-5-moments-for-hand-hygiene-poster.pdf?sfvrsn=83e2fb0e_21](https://cdn.who.int/media/docs/default-source/integrated-health-services-(ihs)/infection-prevention-and-control/your-5-moments-for-hand-hygiene-poster.pdf?sfvrsn=83e2fb0e_21)

2. Requirements for appropriate use of personal protective equipment

Personal protective equipment (PPE) does not need to be worn if the patient and practitioner both have intact skin and excessive bleeding is not expected. Some states or territories require gloves to be used when inserting and/or removing acupuncture needles.

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 so single-use gloves may need to be used. These procedures include but are not limited to:

- removing needles from an area that has been pre-treated with heat or massage
- using a dermal hammer
- cupping applied after dermal hammering, or
- vigorous needle technique.

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. Where any cuts and abrasions cannot be fully covered by waterproof dressings, gloves must be worn.

3. Reprocessing of reusable instruments and equipment

3.1 Acupuncture needles and dermal hammers

The Board has determined that these are critical items and **must not be reprocessed**.

Acupuncture needles and dermal hammers must be single use, must be pre-sterilised and must be disposed of immediately after use in a rigid walled sharps container that complies with Australian Standards AS4031: 1992 AMDT 1; or AS/NZ 4261: 1994 AMDT 1; or relevant international standard, for example ISO 23907: 2019.

3.2 Cups, scraping spoons and other equipment

Bamboo cups are constructed of a material that is not suitable for cleaning, disinfecting or sterilising in accordance with the Australian guidelines. These are single use items and **must be discarded after use**.

Cups (made of glass or plastic), scraping spoons, Gua sha equipment and other pieces of equipment that have come into contact with blood or non-intact skin are deemed to be semi-critical items. If these items have been in contact with intact skin only, they are deemed to be non-critical items.

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 and AS18/07:2019 for larger health facilities.

If reprocessing cannot be carried out to be consistent with the requirements of AS/NZS 4815:2006 or AS/NZ 4187:2014 and AS18/07:2019 (whichever is relevant), then these contaminated items must be treated as single use items and be disposed of immediately after use.

Non-critical items can be reprocessed by cleaning and/or disinfecting according to the Australian guidelines.

4. Requirements for routine skin preparation and post-treatment procedures

4.1 Requirements for routine skin preparation

- Provided the skin is visibly clean, there is no need to swab it with an antiseptic before inserting needles.
- An antiseptic (such as isopropyl alcohol 60–80 per cent v/v) 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, or
 - 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.

4.2 Post-treatment procedures

- Whether or not gloves have been used, a clean dry cotton wool swab should be placed over the site of needle withdrawal immediately following removal to control any pinpoint of blood that may be evident. The used swab must be disposed in accordance with section 1.7 of the guidelines.
- The practitioner should determine whether it is appropriate to apply massage or other techniques to the site that has just received treatment, noting the increased risk of infection and bleeding at the site.

5. Requirements for waste disposal

Some states and territories specify how non-sharp waste should be disposed of. Appendix B of the guidelines provides further information on the clinical waste management requirements that apply in specific states and territories.

In the absence of specific state or territory requirements, the following applies:

- Clinic waste, such as used swabs which do not contain expressible blood, can be treated as general waste. Used swabs must be discarded into a leak proof plastic bag, kept out of reach of children, and disposed of as general waste.

Standard precautions should be used when handling or disposing of all waste.

5.1 Sharps disposal containers

Containers that comply with Australian Standards AS4031: 1992 and Amendment 1: 1996 and AS/NZ 4261: 1994 and Amendment 1: 1997 must be in a secure position close to each patient receiving acupuncture and must be kept out of reach of children.

Sharps containers must not be filled beyond the mark that indicates the maximum fill level and must be disposed of by a waste disposal contractor according to your state, territory or local government regulations.

6. Prevention and management of needle stick injuries

Incorrect handling of sharps can result in needle stick injury and health risks to the practitioner.

- Acupuncture needles should not be re-inserted into guide tubes after use.
- Where injection techniques are used, needles must never be recapped.

As soon as possible after a sharps injury:

- if skin is penetrated, wash the affected area immediately with soap and water. Alcohol-based hand rub can be used to clean the area if soap and water are not available
- seek care immediately
- 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
- 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.