

ATMS POLICY

Infection Control Policy

ATMS Policy on Infection Control

ATMS practitioners will take all reasonable care to ensure that the potential for cross infection to staff or patients is adequately minimised. More detail on infection control for health care providers can be found in the NHMRC's *Australian Guidelines for the Prevention and Control of Infection in Healthcare*¹ This resource is recommended by ATMS for use by its members. In particular, please note the points below.

Critical Skin Contact

Critical Items

Critical Items are items which come into contact with the skin and do, or have the potential to, come into contact with blood or other body fluids.

Acupuncture and Dry Needling

The use of acupuncture and dry needles must comply with the NHMRC's *Australian Guidelines for the prevention and control of infection in healthcare*.² Note in particular the recommendation in B1.3.2: "Sharps must not be passed directly from hand to hand and handling should be kept to a minimum. Needles should not be recapped, bent or broken after use."³

Chinese Medicine Cups, scraping spoons, gua sha equipment must comply with the NHMRC's Australian Guidelines for the prevention and control of infection in healthcare.

Single use acupuncture needles must be safely handled and disposed of in an approved sharps container according to current Australian standards.⁴

Critical Item skin injury

If a used critical item penetrates the practitioner's skin immediate antiseptic must be applied and the incident should be reported to the practice manager.

¹https://www.nhmrc.gov.au/_files_nhmrc/publications/attachments/cd33_infection_control_healthcare_140616.pdf

²<https://www.nhmrc.gov.au/guidelines-publications/cd33>

³https://www.nhmrc.gov.au/_files_nhmrc/publications/attachments/cd33_infection_control_healthcare_140616.pdf

⁴https://www.nhmrc.gov.au/_files_nhmrc/publications/attachments/cd33_infection_control_healthcare_140616.pdf

Non Critical Skin Contact

Non critical skin contact has no potential to come into contact with blood or body fluids. This generally includes activities such as massage, hand holding, taking of pulse, physical examination via the skin. However, if the patient has an open wound or other lesion, that must be dressed before any skin contact takes place.

Correct hand hygiene requires appropriate washing of hands before and after touching the patient. This is either soap and water or alcohol or antimicrobial dry hand creams. Effective hand washing should take approximately 30 seconds.⁵

Gloves

Gloves are an alternative to hand washing and antiseptic creams, however when there is a potential contagious skin lesion (eg herpes simplex), or possibility of blood contact, gloves must be worn. Caution glove use in the presence of latex allergy.

Massage and examination tables

Massage towels coming into contact with the skin must be used once only and laundered on 90 degree hotwash between each use or a non hot wash containing disinfectant. Refer to the relevant standard.⁶

Table surfaces must first be washed and then disinfected after there has been skin or body fluid contact. Refer to the NHMRC standards.⁷

Droplet or surface Cross Infection

Infectious illnesses and Cough Etiquette

Patients with potential contagious coughs should be either discouraged from attending clinic, or if they do, asked to wear a face mask while in clinic.

The NHMRC cough etiquette is given here:

Anyone with signs and symptoms of a respiratory infection, regardless of the cause, should follow or be instructed to follow respiratory hygiene and cough etiquette as follows:

- *Cover the nose/mouth with disposable single-use tissues when coughing, sneezing, wiping and blowing noses*
 - *Use tissues to contain respiratory secretions*
 - *Dispose of tissues in the nearest waste receptacle or bin after use*
 - *If no tissues are available, cough or sneeze into the inner elbow rather than the hand*
 - *Practice hand hygiene after contact with respiratory secretions and contaminated objects/materials*
- Keep contaminated hands away from the mucous membranes of the eyes and nose*

⁵https://www.nhmrc.gov.au/_files_nhmrc/publications/attachments/ch55g_how_to_wash_hands_poster_130701.pdf

⁶AS/NZS 4146: Laundry Practice

⁷https://www.nhmrc.gov.au/_files_nhmrc/publications/attachments/cd33_infection_control_healthcare_140616.pdf see section B1.4



For patients with known infectious illnesses, such as influenza or chicken pox, physical contact requires the practitioner to wear latex gloves and patients with a cough are required to wear a face mask.

Surfaces touched with biological spills should be chemically disinfected using a TGA registered instrument grade disinfectant.

Exclusion Times following contagious illness

Exclusion times for common contagious illness, such as must be strictly observed. These can be found in the NHMRC's *Australian Guidelines for the Prevention and Control of Infection in Healthcare* Table c 2.3, page 209.⁸

Notifiable Diseases

Notifiable diseases can be found at <http://www.health.gov.au/internet/main/publishing.nsf/Content/cda-surveil-nndss-casedefs-distype.htm> While it is not the responsibility or scope of practice of CAM practitioners to diagnose infectious diseases, the patient should be referred to their medical practitioner in the event of a suspected infectious disease.

Shared Clinical Equipment

Shared clinic equipment which touches the patient's skin, such as iris torch or scan probe, should be cleaned with alcohol based disinfectant after each use.

Ambient Hygiene

Rooms require fresh air to minimise pathogenic opportunities, such as moulds and droplet infection from surfaces. Soft furnishings such as pillows and cushions should be regularly aired in preferably in the sunlight. Toys in the clinic for public use should not be soft toys since cross infection is a high risk in toys with fibres.

⁸https://www.nhmrc.gov.au/_files_nhmrc/publications/attachments/cd33_infection_control_healthcare_140616.pdf



Appendix

Standards

- AS 1079.1-1993 Packaging of items (sterile) for patient care – selection of packaging materials for goods undergoing sterilisation
- AS 1410-2003 Sterilizers – Steam – Pre-vacuum
- AS 2182 Sterilizer Steam Benchtop
- AS 2192 – 1991 Sterilisers-Steam-downward displacement
- AS 2437-1987 Flusher/sterilizers for bedpans and urine bottles
- AS 2487: Dry heat sterilizers
- AS 2514-1999 Drying cabinets for medical equipment
- AS 2773.1-1998 Ultrasonic cleaners for health care facilities – Non-portable
- AS 2773.2-1999 Ultrasonic cleaners for healthcare facilities-Benchtop
- AS 2774-1985 Drying cabinets for respiratory apparatus
- AS 2945 (Int) – 2002 Batch-type washes/disinfectors for health care facilities
- AS3789.2-1991 Textiles for health care facilities and institutions – Theatre linen and pre-packs
- AS 3836-1998 Rack conveyor washes for health care facilities
- AS/NZ 4146: 2000 Laundry Practice
- AS/NZS 4187: Cleaning, Disinfecting and Sterilizing Reusable Medical and Surgical Instruments and Equipment, and Maintenance of Associated Environments in Health Care Facilities
- AS/NZS 4815: Of ce-based healthcare facilities-Reprocessing of reusable medical and surgical instruments and equipment, and maintenance of the associated environment
- Therapeutic Goods (Medical Devices) 2007 Regulations (see PD2005_399 Single Use Medical Devices (SUDs) Remanufacture)
- S16 Reprocessing of Reusable Items: Cleaning, Packaging, Sterilisation and Storage of Sterile Supplies <http://www.acorn.org.au/about-acorn-standards.html>

