

## ATMS POLICY

### Infection Control

#### Preamble

ATMS practitioners must 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 \(2019\)\*](#) ("**NHMRC Guidelines**"). ATMS recommends members make themselves familiar with these guidelines and apply procedures relevant to their clinic setting. Below are some key points for members.

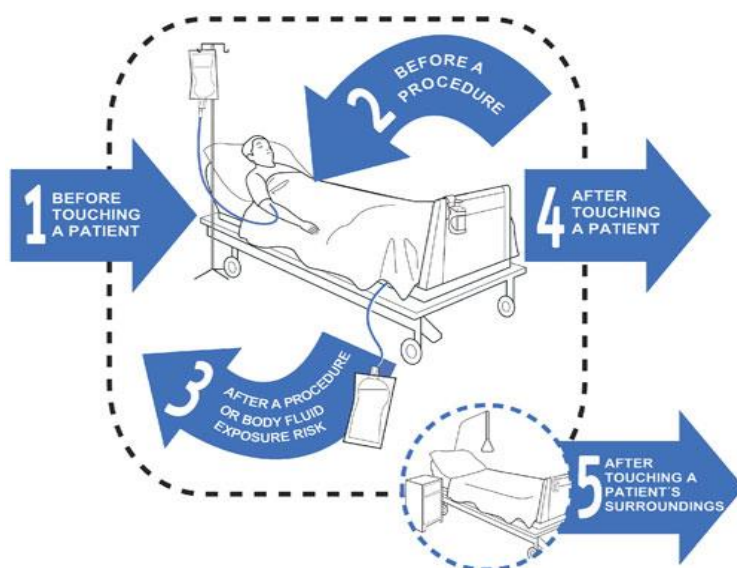
#### Standard precautions

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. They are the minimum infection prevention and control practices that all members should follow with all clients in all situations:

##### 1. Personal hygiene practices, particularly hand hygiene (*see 3.1.1 of NHMRC Guidelines*)

Hand hygiene is considered one of the most important infection control measures for reducing the spread of infection. Hand hygiene is a general term that refers to any action of hand cleansing, such as handwashing or handrubbing.

- Hands should be washed with soap and water when visibly soiled and after using the toilet.
- Handrubbing with an alcohol-based hand rub is the preferred method for hand cleansing in the clinic setting when hands are not visibly soiled
- Follow the '5 moments for hand hygiene' developed by the World Health Organization and recommended by the [\*National Hand Hygiene Initiative \(NHHI\) Implementation Guide\*](#):



See [Hand Hygiene Australia](#) for more information on hand hygiene and for ‘How to handwash’ and ‘How to handrub’ posters.

NOTE: The use of gloves should **not** be considered an alternative to performing hand hygiene. Hand hygiene is required before putting on gloves and immediately after removal.

## **2. Appropriate use of personal protective equipment** *(see 3.3 of NHMRC Guidelines)*

PPE protects healthcare workers from exposure to blood and body fluids/substances. PPE that complies with relevant Australian Standards should be readily available and accessible in all clinics. This may include gloves, gowns, plastic aprons, masks/face-shields and eye protection. Wear gloves (single-use non-sterile) when there is the potential for contact with blood, body fluids/substances, mucous membranes or non-intact skin. Change gloves for every client.

## **3. Safe handling and disposal of sharps** *(see 3.1.2 of NHMRC Guidelines)*

Sharps (such as acupuncture needles) should 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. Single-use sharps should be disposed of immediately into an approved sharps container at the point-of-use.

## **4. Environmental controls, including cleaning and spills management** *(see 3.1.3 of NHMRC Guidelines).*

Clean general surfaces and fittings with detergent solution at least daily, when visibly soiled and immediately after spillage. Shared clinical equipment should be cleaned with a detergent solution between patient uses, and disinfected where indicated. It is good practice to use a chlorine-based product such as sodium hypochlorite in addition to standard cleaning practices to effectively manage norovirus specific outbreaks.

## **5. Appropriate reprocessing of reusable equipment and instruments** *(see 3.1.4 of NHMRC Guidelines).*

Processes and requirements for cleaning, storage and sterilization of reusable equipment, will depend on whether it is categorized as critical (Entry or penetration into sterile tissue, cavity or blood stream i.e. acupuncture needles) semi-critical (contact with intact mucous membranes or non- intact skin i.e. respiratory therapy equipment) or non-critical (contact with intact skin i.e. blood pressure cuff). Further information is contained in Standard AS 5369:2023 Reprocessing of reusable medical devices and other devices in health and non-health related facilities, or equivalent international standards e.g. International Organisation for Standardisation (ISO) or European Standard (EN).

## **6. Practice cough etiquette** *(see 3.1.5 of NHMRC Guidelines).*

To reduce the risk of transmission of infection to others, everyone entering, visiting or working within a clinic presenting with the signs and symptoms of respiratory infection should practice respiratory hygiene and cough etiquette as follows:

- Cover the nose/mouth with a tissue 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 (e.g. hand washing with soap and water, alcohol-based hand rub, or antiseptic hand wash) after contact with respiratory secretions and contaminated materials.
- Keep contaminated hands away from the mucous membranes of the mouth, eyes and nose.
- In healthcare facilities, patients with symptoms of respiratory infections should sit as far away from others as possible. If available, healthcare facilities may place these patients in a separate area while waiting for care.

## 7. Aseptic technique *(see 3.1.6 of NHMRC Guidelines)*

Aseptic “non touch” technique is a set of practices aimed at minimising contamination and is used to protect the patient from infection during procedures. It is suggested that sterile gloves are used for aseptic procedures and contact with sterile sites.

## 8. Appropriate handling of waste and linen

Proper containment of waste can minimise the transmission of infection. Practitioners should refer to relevant state or territory legislation and regulations on the management of clinical and related wastes and Standard AS/NZS 3816: 2018 and the Waste Management Association of Australia's industry code of practice.

Those practitioners who process or launder linen in their workplace (i.e. massage clinics) must have documented policies on the collection, transport and storage of linen consistent with [Standard AS/NZS 4146: 2000 \(Laundry practice\)](#).

## Other important considerations for infection control:

### Exclusion times following contagious illness

Practitioners, their staff and clinic visitors should follow 4.2.2 of the NHMRC Guidelines which states it is good practice to avoid coming into clinic from symptom onset until 48 hours after symptom resolution. On returning to clinic, practitioners/staff/visitors should adhere to appropriate hand hygiene practices.

### Notifiable Diseases *(see 4.4.6 of the NHMRC Guidelines)*

The Communicable Diseases Network Australia (CDNA) has agreed to a list of communicable diseases which are to be notified nationally and provided to the Commonwealth's National Notifiable Diseases Surveillance System (NNDSS). Notifiable diseases can be found here. It is not the responsibility or scope of practice of complementary medicine practitioners to diagnose infectious diseases, the patient should be referred to their medical practitioner in the event of a suspected infectious disease.

### 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. Air filters with HEPA filters are recommended in clinic setting.



## Australian Standards

Member should make themselves familiar with all Australian standards that apply to healthcare settings. Some key standards that may be applicable are listed below. Note this list is not exhaustive.

- AS 1079.1-1993 Packaging of items (sterile) for patient care – selection of packaging materials for goods undergoing sterilisation
- AS 2182 Sterilizer Steam Benchtop
- AS 2192 – 1991 Sterilisers-Steam-downward displacement
- AS 2487: Dry heat sterilizers
- 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: Office-based healthcare facilities-Reprocessing of reusable medical and surgical instruments and equipment, and maintenance of the associated environment.

