

# INFECTION CONTROL MANAGEMENT PLAN

~ Peter Kington – Acupuncturist & Chinese Medicine Practitioner ~  
May, 2020

## Introduction

Since December 2006, the state of Queensland has required acupuncturists (and other health services) to have an Infection Control Management Plan (ICMP).

The purpose of the plan is to guide health practitioners in minimising *infection risk* in their acupuncture practice.

The Public Health Act (Qld) 2005 defines a ‘declared health service’ as one that involves the “performance of an invasive procedure” or a procedure that exposes individuals to “blood or another bodily fluid”.

While blood and bodily fluids aren’t a routine part of an acupuncturist’s practice, sometimes blood may be present when withdrawing needles or when other techniques, within an acupuncturist’s remit, are undertaken.

According to the Act, an “invasive procedure” is one that involves “the insertion of an instrument, appliance or other object into human tissue”.

An acupuncture needle is inserted into the human body.

### Criterion 1: Hand hygiene

Proper hand hygiene is the cornerstone of infection control in the health service setting.

The practitioner should perform hand hygiene:

- 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.

The minimum standard to demonstrate compliance is:

x	Access to: <ul style="list-style-type: none"><li>• Hand-washing sinks</li><li>• Hand-washing solution</li><li>• Paper hand towels</li><li>• Alcohol-based hand product (ABHP)</li></ul>
x	Where water is not available, adequate ABHP
x	Gloves are worn where wounds or abrasions or exposed skin are present
x	Ongoing staff training around hand hygiene

## **Criterion 2: Personal Protective Equipment (PPE)**

Personal protective equipment (PPE) includes items worn by health service providers to eliminate the risk of infection transmission by blood, body fluids, droplet or airborne particle.

The types of PPE include disposable, non-sterile examination gloves, masks, eyewear, plastic aprons, clothing (scrubs and enclosed shoes).

The minimum standard to demonstrate compliance is:

x	Staff should wear gloves during 'at risk' procedures or tasks
x	Appropriate PPE be used in special situations which might require standard or additional procedures

### **COVID-19 global pandemic additional measures**

In the case of a global pandemic like COVID-19, the decision to wear additional PPE is based on risk management.

As every patient will be triaged, prior to entry to the clinic and certainly before treatment commences, the appropriate PPE will include:

- Non-sterile, disposable gloves
- Surgical mask

See below for further discussion.

### Criterion 3: Management of blood/body fluid exposures

This criterion relates to blood and body fluids as the direct result of a needle stick injury.

A needle stick injury occurs when a practitioner inadvertently 'jabs' themselves with an acupuncture needle after it has been in their patient.

The minimum standard to demonstrate compliance is:

x	Sharps containers are available where acupuncture is administered and these comply with the Australian standards AS4031/92
x	Used needles are immediately disposed of after use
x	After use, needles are not reinserted into guide tubes
x	Staff are aware of the importance of Hepatitis B vaccination

All needle stick incidents must be confidentially documented and affected individuals should seek immediate medical advice.

If there is a risk the patient has been exposed they should be immediately advised and asked to seek medical advice.

**Criterion 4: Infection control and employee health**

This applies to staff who live with a communicable disease and undertake exposure-prone procedures with client/patients.

Acupuncture is not considered to be an exposure-prone procedure and therefore carries with it low risk of the transmission of blood-borne viruses like hepatitis B, C or HIV.

The minimum standard to demonstrate compliance:

x	Standard precautions to be used by staff, where applicable
---	--

**Criterion 5: Immunisation**

The risk to health service providers and their clients is the exposure to, or acquisition of, a vaccine-preventable communicable disease.

The minimum standard to demonstrate compliance:

x	Initial induction and ongoing training of staff about communicable diseases, the risks of these and prevention strategies
x	Pregnant women and women planning on conception, should be aware of the risks to pregnancy from communicable diseases
x	Staff should discuss recommended immunisations for health professionals, with their GP, as per the Australian Immunisation Handbook. These include: Hepatitis B, Influenza, MMR (if not immune), Pertussis and Varicella (if not immune). Other requirements should be discussed with the GP on a needs basis
x	All staff should self-assess their immune status and review with their GP

## Criterion 6: Environmental Hygiene

This criterion relates to the treatment space, including patient care equipment and general surfaces, and the procedures in place to minimise the risk of infection posed by that equipment and those surfaces.

In light of COVID-19 and the global pandemic, it is in this area where greatest care must be taken to reduce the risk of infection.

The minimum standard to demonstrate compliance:

x	General and clinical waste, as appropriate in an office-based practice, must be appropriately disposed of and staff must be aware of this process
x	Cleaning processes should be logged and reviewed/audited and available for inspection
x	Clinical surfaces should be cleaned with detergent and water on a regular basis (see below for COVID-19 specific requirements)
x	All patient care equipment (for example, massage table) and reusable equipment (for example, kidney dishes) should be decontaminated and reprocessed according to AS4187 or AS4185

### COVID-19 global pandemic additional measures

Safe work Australia has made additional recommendations for health and hygiene measures in Australian workplaces which provide an adequate framework for an office-based acupuncture practice.

#### A. Cleaning

Cleaning recommendations cover two areas:

- Regular, day-to-day cleaning; and
- Decontamination cleaning (in the event of exposure to COVID-19).

#### ***Regular cleaning***

Cleaning materials include detergent which can be mixed with water or as a wipe or a 2-in-1 disinfectant solution, or wipes

#### ***When should cleaning take place?***

Thorough cleaning should take place once/day with a detergent-disinfectant combo with warm water.

In between patients, common surfaces should be disinfected and wiped down. This includes the massage tables, bathroom fixtures, door handles, light switches, common surfaces etc.

Clean anything that is visibly soiled and staff should not handle personal items (keys, sun glasses and phones) unless necessary.

### ***Decontamination cleaning***

Decontamination cleaning would take place only when the clinic space is suspected to have been visited by someone suspected to be, or diagnosed as, corona virus positive.

The cleaning routine will be:

- Seal the area and prevent access
- Ventilate with fresh air by opening doors and windows
- Detergent and warm soapy water
- Alcohol based disinfectant with >70% alcohol and bleach
- PPE including gloves and eyewear

Where should be cleaned?

Clean and disinfect:

- Areas suspected of confirmed contamination
- Common areas
- Points of contact

Cleaning process and disposal of cleaning waste as per staff training.

### **B. Physical distancing**

The principle of physical distancing is central to preventing the transmission of the corona virus. Appropriate physical distancing is what will also minimise risk of transmission during an acupuncture session.

*Peter Kington – Acupuncture and Chinese Medicine* has one consult room and one treatment room.

The consult room is 10.5m<sup>2</sup> and the treatment room is 9.5m<sup>2</sup>.

The recommendation for physical distancing is 1 person/4m<sup>2</sup> which means that in each room there is sufficient space for the practitioner and client to be present.

Where a parent or guardian is present, additional precautions may need to exist and these can be determined based on individual need.

Within each of those spaces, the client and practitioner should – wherever practical – maintain a minimum of 1.5m distance between them

This becomes problematic during the insertion of acupuncture needles. For this reason the practitioner will wear PPE:

- Nitrile, disposable gloves
- Surgical mask

At the conclusion of the insertion of needles the practitioner will maintain equal or greater than 1.5m, unless otherwise required.



The practitioner may also leave the room and provide a bell to the client and will routinely check on the client.

#### *Client specific issues*

- When the SMS/email appointment reminder goes out, clients will be asked to visit a website link prompting them to self assess their risk:
  - Fever/temperature
  - 'flu-like signs and symptoms
  - Potential exposure to COVID-19 positive individuals
- When the client arrives for the appointment, while outside, further triage will take place:
  - Taking of temperature
  - Assessment of key signs and symptoms
  - Potential exposure(s)
- During the pandemic, a buffer will exist between clients to facilitate cleaning and to reduce the likelihood of clients passing each other.
- Clients will be asked to sanitise hands before and after treatment
- If clients demonstrate respiratory or 'flu-like symptoms they will be asked to self isolate and contact their GP or Qld Health

#### **C. Linen**

The guidelines suggest linen should be changed when:

- It is obvious the client requires contact precautions (eg lice)
- The linen is visibly soiled
- Blood or body fluids are on the linen

Due to the global pandemic, linen will be changed after each client and laundered using disinfectant, bleach and soap and dried in a dryer.

#### **D. Spill kit**

In the unlikely event there is a blood spill, faeces, vomit or amniotic fluid or any other bodily fluid, a spill kit will be used and clients evacuated from the premises to facilitate cleaning.

### Criterion 7: Pre treatment assessment of infection control risk

In the age of the COVID-19 pandemic, pre-treatment assessment of infection is crucial to mitigating community transmission.

Regular, minimum standards for pre treatment assessment of infection control risk include:

x	Patients receive pre-treatment questionnaire at the first visit or time of booking
x	Triage of patients, when booking, for signs and symptoms to minimise risk of communicable disease transmission in the waiting room
x	Patients with acute onset communicable diseases, or suspected communicable diseases, are isolated
x	Routine, on-going care is delayed until full recovery.

### COVID-19 global pandemic additional measures

In light of the COVID-19 global pandemic, additional pre-treatment assessment measures will occur.

- When the SMS/email appointment reminder goes out, clients will be asked to visit a website link prompting them to self-assess their risk:
  - Fever/temperature
  - 'flu-like signs and symptoms
  - Potential exposure to COVID-19 positive individuals
- When the client arrives for the appointment, while outside, further triage will take place:
  - Taking of temperature
  - Assessment of key signs and symptoms
  - Potential exposure(s)
- During the pandemic, a buffer will exist between clients to facilitate cleaning and to reduce the likelihood of clients passing each other.
- Clients will be asked to sanitise hands before and after treatment
- If clients demonstrate respiratory or 'flu-like symptoms they will be asked to self-isolate and contact their GP or Qld Health

While the global pandemic exists, treatment of clients demonstrating 'flu-like symptoms will be restricted to telehealth consults for herbs. Acupuncture will not be available.

**Criterion 8: Non-reuse of single use medical devices and reprocessing of reusable medical devices**

Single-use medical devices in an acupuncture practice include acupuncture needles and dermal hammers. Reuse of these items includes a high risk of cross-infection.

The minimum standard to demonstrate compliance:

x	Single use medical items are NEVER to be reused
x	Senior staff member evaluates all medical implements purchased for their compliance

**Criterion 9: Delegation of a responsible person**

The minimum standard to demonstrate compliance:

x	A delegated person will assume responsibility for the infection control program
x	Infection control guidelines are available to all staff, at all times.

As the sole practitioner and business owner, Peter Kington is the delegated responsible person.

## **Criterion 10: Investigation of infection control incidents**

The minimum standard is that:

All infection control incidents, including 'near misses', be reviewed and corrective measures put in place. This process should be documented by way of an incident report (including corrective action).