



Federation of Chinese Medicine &
Acupuncture Societies of Australia Ltd.
澳洲全國中醫藥針灸學會聯合會 (National Body)

FCMA

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Dear Sylvia Sanders
Executive Officer, Chinese Medicine Board of Australia,

chinesemedicineconsultation@ahpra.gov.au

Dear Sylvia

FCMA feedback for consultation of revised Guidelines on Infection prevention and control for acupuncture and related practices.

The Federation of Chinese Medicine & Acupuncture Societies of Australia (FCMA) would like to thank the Chinese Medicine Board of Australia (CMBA) for the opportunity to respond to the above public consultation. We appreciate the Board's effort to achieve safe acupuncture and related practices. The following is our response to your draft document.

1. Are there any specific issues or effects from applying the current guidelines? If so, what are they?

The aim of this set of guidelines is to assist acupuncturists to implement safe practice for the patients and themselves. The guidelines are generic with regard to aseptic techniques and infection control; with added requirements specifically for

acupuncture and other related practices. As far as the aims and guidance are concerned, there are no particular issue except the short-sleeved clothing requirement. The appendices provided relevance and background to the guidelines.

The short-sleeved clothing when delivering patient care is for hospital setting based on the *Australian guidelines for the prevention and control of infection in healthcare* 2019 (Australian Guidelines). There is no evidence to support this concept should be extended to acupuncture practice in which most of the practices are office-based and the risk of infection is not comparable between hospital and office-based setting. In addition, the short-sleeved clothing requirement is only voluntary which can be compromised by pushing back the long sleeved clothing securely in the Australian Guidelines. (*“It is also encouraged that health care workers **should** wear short-sleeved clothing when delivering patient care.” “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”.* Page 33), but the draft revised guidelines have changed it to one of the mandatory standards. We do not see any rationale for this change and strongly do not believe to wear short-sleeved clothing when practising acupuncture in office-based setting is practical or necessary and hope the Board can reset its expectation in consistency with the Australian Guidelines.

2. Is the content and structure of the draft revised CMBA guidelines helpful, clear and relevant? If not, please explain why.

The guidelines are helpful but the way the document is structured makes it difficult to follow. The content and structure of the draft could be confusing, difficult and cumbersome to read as each set of guidance for each different situation is distracted by extraneous information and justification for the recommended guidance.

For example, under the “Use of alcohol-based rubs” it included the gold standard from the NNHI Manual, justifying the use of alcohol-based rubs. We believe that this is not necessary. That whole section could be moved to a section in the appendix for reference. Since the Board expects certain actions to be followed, it could move

straight to “Correct technique for use of alcohol-based hand rub requires the following steps”.

3. Is the level of detail too much, too little, or about right?

There is too much extraneous information as mentioned in the above question. We suggest that to reformat each section to what the Board expects and straight into the guidance. A short statement could be included to refer the justification of the procedure to the appropriate section in the appendices.

Since, the patient encounter begins with registration and waiting in the reception area, we suggest that triage be addressed in the beginning of the document rather than near the end.

We further suggest the Board to provide a quick reference guide for the updated version to list key procedures of the infection prevention and control for acupuncture practice as it did in December 2013. We believe the guidelines should be made as simple and as clear as possible.

4. Is there anything missing that needs to be added to the draft revised CMBA guidelines? If so, please provide details.

The document mentions the need for group practices to nominate a person to organise the removal of contaminated material and for practices to ensure that staff seek medical care due to needlestick and other injuries. There is no guidance or mention of care and management for solo practitioners. The majority of acupuncturists are also Chinese herbal practitioners who run their practices on their own.

Perhaps, mask wearing could be continued and added as a guidance, given the recent pandemic. This would help to reduce the spread of Covid-19 and its variants. Further, it could be recommended that clinics and practitioners are advised to take steps in informing their patients of this requirement for practitioners, as we have a wider duty of care than the average citizen.

At the time when mask becomes totally unnecessary, a notice could be published to all practitioners. This would be in line with infection control within hospitals and all other healthcare settings.

5. Taken as a whole, are the draft revised CMBA guidelines practical to implement and sufficient for safe practice of acupuncture?

The guidelines are practical and appropriate as a whole except the concerns we mentioned above and the document needs to be rearranged differently and set out more simply.

6. Do you support a review period for the CMBA Guidelines of at least every five years, noting that the period is influenced by when the Australian guidelines are updated?

As the infection control and aseptic techniques had been implemented before and that this is a review, it would be practical to review after five years.

7. Do you have any comments about how the Board might launch the CMBA guidelines to make sure that registered practitioners understand their obligations?

The Board could conduct public sessions to launch the guidelines and also encourage relevant professional associations to conduct seminars as updates for professional issues.

8. Do you have any other comments?

In the early years of board registration there were many acupuncturists who came from Mainland China or other countries who speak mainly Chinese or other languages. Nowadays, they provide services to a large group of the population who also speak mainly Chinese or other languages. Many of these practitioners have retired over the years, but there would still be a substantial number who are still registered with the CMBA. Although English is now a requirement, it remains their second language. It would contribute to patient safety and good practice, if these guidelines are translated into Chinese (at least the quick reference guide as it did in December 2013) or other languages to update the practitioners with the latest requirement for practice. We hope that the Board would consider translating these guidelines into Chinese and other languages deemed necessary.

Some editorial error should be corrected. For example, *“Dispose of the used swab in accordance with section 2.6 below”* on page 16, the corresponding reference is actually on section 2.7 Waste management.

We hope that you would consider our comments. Kindly contact the FCMA if more information is required.

Yours sincerely,

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President, FCMA

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